## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

|  | pe Response   | ~)                |  |   |                                |                   |  |   |  |   |   |                |  |   |  |
|--|---|-------------------|--|---|--------------------------------|-------------------|--|---|--|---|---|----------------|--|---|--|
| 1. Name and Address of Reporting Person * adams kenneth robert                                     |   |                   | 2. Issuer Name and Ticker or Trading Symbol FULL HOUSE RESORTS INC [FLL] |   |                                |                   |  | 5   | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director10% Owner  |   |   |                |  |   |  |
| (Last) (First) (Middle)<br>C/O FULL HOUSE RESORTS, INC., 4670<br>SOUTH FORT APACHE ROAD, SUITE 190 |   |                   | 3. Date of Earliest Transaction (Month/Day/Year) 05/15/2014              |   |                                |                   |  | -   | Office   | r (give title belo                                    | ow)   | Other (specify | below)   |   |  |
| (Street) LAS VEGAS, NV 89147   |   |                   | 4. If Amendment, Date Original Filed(Month/Day/Year)                     |   |                                |                   |  |   | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person |   |   |                |  |   |  |
| (City  | ′)  | (State)           | (Zip)  | Table I - Non-Derivative Securities Acq |                                |                   | Acquir   | uired, Disposed of, or Beneficially Owned |  |   |   |                |  |   |  |
| 1.Title of S (Instr. 3)  | Instr. 3) Dat   |                   | P. Transaction<br>Date<br>Month/Day/Year)                                | (Month/Day/Year)                        |                                | (A)<br>(In        | (A) or Disposed of (Instr. 3, 4 and 5)   |   | f (D)  | Reported Transaction(s) (Instr. 3 and 4)              |   | ollowing       | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
| Common   | Stock   | (                 | 05/15/2014   |   |                                | A                 |  |   | \ <i>'</i>   |   | 26,900  |                |  | D   |  |
| Reminder:  | Report on a s   | separate line for | each class of secur  | ities beneficially                      | own                            |                   | •  | •   |  | d to t  | he collec   | tion of int    | ormation   | SEC   | 1474 (9-02)  |
| Reminder:  | Report on a s   | separate line for | Table II - I   | Derivative Secu                         | rities                         | Acquire           | Persons<br>containe<br>the form  | who<br>ed in<br>disp                      | o respon<br>this forr<br>plays a c   | n are<br>urren<br>ficiall                             | not requ<br>tly valid                                 |                | formation<br>spond unle<br>trol numbe                    | SS  | 1474 (9-02)  |
| 1. Title of  | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction    | Table II - I (a 3A. Deemed Execution Date any                            | Derivative Secu                         | 5. Nu of De Se Ac (A Di of (Ir | Acquire rants, op | Persons<br>contained<br>the form<br>ed, Dispositions, con<br>6. Date I<br>and Expi<br>(Month/I | who ed in a disp                          | o respon<br>this forr<br>plays a c<br>f, or Bene<br>ble secur<br>sable<br>n Date   | ficially tites) 7. Tit Amore Under Secur (Instrument) | not required the valid y Owned the and unt of orlying | ired to res    | spond unle<br>trol numbe                                 | of 10. Owners Form o Derivat Securit Direct ( or India            | 11. Natur<br>of Indired<br>Beneficia<br>ive<br>Ownersh<br>(Instr. 4) |

#### **Reporting Owners**

|   | Relationships |              |         |       |  |
|---|---------------|--------------|---------|-------|--|
| Reporting Owner Name / Address  | Director      | 10%<br>Owner | Officer | Other |  |
| adams kenneth robert<br>C/O FULL HOUSE RESORTS, INC.<br>4670 SOUTH FORT APACHE ROAD, SUITE 190<br>LAS VEGAS, NV 89147 | X             |              |         |       |  |

### **Signatures**

| /s/ Kenneth Robert Adams        | 05/15/2014 |
|---------------------------------|------------|
| **Signature of Reporting Person | Date       |

#### **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. *See* 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.