#### **FULL HOUSE RESORTS INC**

Form 4

August 16, 2010

### FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average burden hours per

**OMB APPROVAL** 

response...

Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations may continue.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \*

IACOCCA LEE

2. Issuer Name and Ticker or Trading

Symbol

**FULL HOUSE RESORTS INC** 

[FLL]

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

(Last)

(First) (Middle) 3. Date of Earliest Transaction

X\_ Director Officer (give title below)

10% Owner Other (specify

C/O 4670 SOUTH FORT APACHE

(Street)

ROAD, SUITE 190

4. If Amendment, Date Original

Filed(Month/Day/Year)

(Month/Day/Year)

04/15/2010

6. Individual or Joint/Group Filing(Check

Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

LAS VEGAS, NV 89147

(City)	(State)	(Zip) Tab	le I - Non-l	Derivative	Secur	ities Acqui	red, Disposed of,	or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8)	4. Securit or Dispos (Instr. 3,	ed of (		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common	04/15/2010		Code V S	Amount 73,000	(D)	Price \$ 3.265	987,471	D	
Common	06/01/2010		S	24,050	D	\$ 3.1005	963,421	D	
Common	06/02/2010		S	19,610	D	\$ 3.1436	943,811	D	
Common	06/03/2010		S	21,453	D	\$ 3.1682	922,358	D	
Common	06/04/2010		S	15,700	D	\$ 3.1738	906,658	D	

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Common	06/07/2010	S	7,200	D	\$ 3.1927	899,458	D
Common	06/08/2010	S	4,000	D	\$ 3.1905	895,458	D
Common	06/09/2010	S	2,000	D	\$ 3.1503	893,458	D
Common	06/10/2010	S	1,000	D	\$ 3.166	892,458	D
Common	06/11/2010	S	6,187	D	\$ 3.1895	886,271	D
Common	06/14/2010	S	5,800	D	\$ 3.1832	880,471	D

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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

SEC 1474

(9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D)	<b>.</b>	ate	7. Titl Amou Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(Instr. 3, 4, and 5)  (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
IACOCCA LEE C/O 4670 SOUTH FORT APACHE ROAD SUITE 190 LAS VEGAS, NV 89147	X					

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## **Signatures**

/s/ Virginia King, by power of attorney

08/13/2010

\*\*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.

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