Edgar Filing: HILLIOU ANDRE - Form 4

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Form 4	NDKE											
May 22, 2007	7											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									-	OMB APPROVAL		
	UNITEDS	IAIES		hington,			NGE (COMMISSION	OMB Number:	3235-0287		
Check this if no longe subject to Section 16 Form 4 or	er STATEM	GES IN I SECURI		CIA	LOW	NERSHIP OF	Expires: January 3 200 Estimated average burden hours per response 0					
Form 5 obligation may contin <i>See</i> Instruct 1(b).	Filed purs s Section 17(a	response led pursuant to Section 16(a) of the Securities Exchange Act of 1934, on 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940										
(Print or Type R	esponses)											
1. Name and Address of Reporting Person <u></u> HILLIOU ANDRE			2. Issuer Name and Ticker or Trading Symbol FULL HOUSE RESORTS INC					5. Relationship of Reporting Person(s) to Issuer				
			[FLL]					(Check all applicable)				
			3. Date of Earliest Transaction (Month/Day/Year) 05/18/2007					X Director 10% Owner X Officer (give title Other (specify below) Chief Executive Officer				
INC., 4670 S #190	S. FORT APACH	E RD										
				endment, Date Original nth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 				
LAS VEGAS	S, NV 89147								More than One Re			
(City)	(State) (Zip)	Table	e I - Non-Do	erivative S	Securi	ties Acq	uired, Disposed o	f, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any		3. Transactio Code (Instr. 8)	n(A) or Di (D) (Instr. 3,	spose 4 and (A) or	d of 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common Stock	05/18/2007			Code V A	Amount 5,000	(D) A	Price \$ 3.45	287,500	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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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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) (Instr. 3, 4, and 5)		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships							
FB	Director	10% Owner	Officer	Other					
HILLIOU ANDRE C/O FULL HOUSE RESORTS INC. 4670 S. FORT APACHE RD #190 LAS VEGAS, NV 89147		Х		Chief Executive Officer					
Signatures									
/s/ Andre M. Hilliou	05/18/200	17							
<u>**</u> 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.