Edgar Filing: FULL HOUSE RESORTS INC - Form 4

| FULL HOUS Form 4 February 08, | SE RESORTS INC 2005 | 2 | | | | | | | |
|---|---|---|-------------------------------------|---|--------|------------|--|--|----------------------------|
| FORM | 1 | | | | | | | OMB AI | PPROVAL |
| | UNITEDS | | RITIES A ashington, | | | NGE (| COMMISSION | OMB Number: | 3235-0287 |
| Check thi if no long | or | | | | | | | Expires: | January 31, |
| subject to Section 10 | SIAIEM | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | Estimated a burden hou | • | |
| Form 4 or Form 5 | | ~ . | | ~ | _ | | | response | • |
| obligation may conti <i>See</i> Instru 1(b). | inue. Section 17(a | uant to Section) of the Public V 30(h) of the I | Utility Hold | ling Com | ipany | Act of | f 1935 or Sectio | n | |
| (Print or Type R | Responses) | | | | | | | | |
| 1. Name and A HILLIOU A | ddress of Reporting P NDRE | Symbol | HOUSE R | | | - | 5. Relationship of Issuer (Chec | Reporting Pers | |
| (Last) 4670 SOUT ROAD, SUI | H FORT APACH | (Month | of Earliest Tr Day/Year) 2005 | ansaction | | | Director X Officer (give below) Chief H | | Owner er (specify er |
| | (Street) | | nendment, Da onth/Day/Year) | - | | | 6. Individual or Jo Applicable Line) | | |
| LAS VEGA | S, NV 89147 | | | | | | _X_ Form filed by C Form filed by M Person | fore than One Re | |
| (City) | (State) (A | Zip) Ta | ble I - Non-D | erivative S | Securi | ties Acc | quired, Disposed of | , or Beneficial | ly Owned |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | Code (Instr. 8) | 4. Securi on(A) or Di (D) (Instr. 3, | spose | d 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) | |
| Common Stock | 02/04/2008 | | Р | 7,500 | A | \$ 0.75 | 7,500 | 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)

| 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. Transactio Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Amou Unde Secur | le and unt of rlying ities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|-----------------------|---|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Edgar Filing: FULL HOUSE RESORTS INC - Form 4

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|-------------------------------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| HILLIOU ANDRE 4670 SOUTH FORT APACHE ROAD SUITE 190 LAS VEGAS, NV 89147 | | | Chief Executive Officer | | | | |

Signatures

| /s/ Andre Hilliou | 02/08/2005 |
|-------------------|------------|
| /s/ Anule Inniou | 02/00/2003 |

<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.