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

Form 4

August 18, 2006

### FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB Number:

Expires:

3235-0287

January 31, 2005

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**OMB APPROVAL** 

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

Check this box

obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* MCCOMAS WILLIAM P

(First)

(Street)

(Middle)

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to

Issuer

below)

FULL HOUSE RESORTS INC [FLL

**AMEX**1

08/17/2006

(Check all applicable)

(Last)

3. Date of Earliest Transaction

X\_ Director Officer (give title

10% Owner Other (specify

4670 SOUTH FORT APACHE

ROAD, SUITE 190

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Filed(Month/Day/Year)

(Month/Day/Year)

Applicable Line) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

D

Person

LAS VEGAS, NV 89147

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3) (Month/Day/Year)

3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of Securities Beneficially Owned

6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Ownership Indirect (I) (Instr. 4) (Instr. 4)

SEC 1474

(9-02)

(A) or

Reported Transaction(s)

Following

(D) Price Code V Amount

(Instr. 3 and 4)

Common 08/17/2006 Stock

S D 110,000 1,345,137

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)

#### Edgar Filing: FULL HOUSE RESORTS INC - Form 4

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

# **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other

X

MCCOMAS WILLIAM P 4670 SOUTH FORT APACHE ROAD SUITE 190 LAS VEGAS, NV 89147

## **Signatures**

/s/ William P. 08/18/2006 McComas

\*\*Signature of Reporting 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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