FORM 4

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

OMB APPROVAL
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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

(Print or Type Respons	es)															
Name and Address of Miller Mark J	2. Issuer Name and Ticker or Trading Symbol FULL HOUSE RESORTS INC [FLL]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) Chief Financial Officer								
(Last) C/O FULL HOUS SOUTH FORT AI	3. Date of Earliest Transaction (Month/Day/Year) 09/11/2007															
(Street) LAS VEGAS, NV 89147										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)					Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date any (Month/Day/Ye	e, if	if Code (Instr. 8)		4. Securities Acqu (A) or Disposed o (Instr. 3, 4 and 5)		f (D) Beneficia		nt of Securities ally Owned Following Transaction(s) and 4)		6. Ownership Form:	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	V	Amou	nt (A) or (D)	Price				(I) (Instr. 4)			
Common Stock	Common Stock 09/11/2007				P		5,000	A	\$ 3	124,000)		D			
1. Title of Derivative Security (Instr. 3) Price of Derivative Security Conversion or Exercise Price of Derivative Security	(Month/Day/	3A. Deemed Execution Date	e, if Transaction Code	5. Non Of Do See Aco (A Di of (Ir	varrants, op 5.		and Expiration Date (Month/Day/Year) A U S (I		7. T Am Und Seco	Title and ount of derlying urities tr. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form o Derivat Security Direct (or Indir	f Benefic Owners y: (Instr. 4		
			Code	V (A	A) (D)	Date Exer	cisable	Expiration Date	Title	Amount or e Number of Shares						
Reporting (O wners															
D 41	Relationships															
Reportin	Director	10% Own		Officer			Other									
Miller Mark J C/O FULL HOUS 4670 SOUTH FOI LAS VEGAS, NV	190			Chief Financial Officer			er									
Signatures																

**Signature of Reporting Person Date

09/12/2007

/s/ Mark J. Miller

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.