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 Ty	pe Kesponse	8)												
1. Name and Address of Reporting Person* 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) X_Director 10% Owner				
(Last) (First) (Middle) C/O FULL HOUSE RESORTS, INC., 4670 SOUTH FORT APACHE ROAD, SUITE 190				3. Date of Earliest Transaction (Month/Day/Year) 06/26/2009					X Officer (give title below) Other (specify below) COO and CFO					
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person					
LAS VEGAS, NV 89147 (City) (State) (Zip)			Table I - Non-Derivative Securities Acqu					nired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any	3. Transaction Code (Instr. 8)				quired of (D)	d 5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			6. Ownership Form:	Beneficial		
			(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price	(Instr. 3 a	and 4)		Direct (D) or Indirec (I) (Instr. 4)	Ownership (Instr. 4)	
Common	Stock									114,000	1		D	
Common Stock 0		06/26/2009		P		4,500	A	\$ 2.25	20,000		I	By Miller Family Living Trust		
Reminder:	Report on a s	separate line fo		ities beneficially over the security of the se	ies Acquire	Pers cont the f	sons who	respo this fo plays a	orm are curre	e not requ ntly valid	OMB con	formation spond unle trol numbe	ess	C 1474 (9-02)
1. Title of	2.	3. Transaction		1	5.	1				itle and	8. Price of	9. Number	of 10.	11. Nature
Derivative Security	Conversion or Exercise Price of Derivative Security		Execution Da any	te, if Transaction Code ('ear) (Instr. 8)		and (Mo	nd Expiration Date Month/Day/Year) A U Si		Ame Und Seco	ount of lerlying urities tr. 3 and		Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owner Form of Deriva Securi Direct or Indi	ship of Indirect Beneficial Ownership (Instr. 4)
				Code V	(A) (D)	Date Exe		Expiratio Date	on Title	Amount or Number of Shares				

Reporting Owners

		Relationships					
Reporting Owner Name / Address		10% Owner	Officer	Other			
Miller Mark J C/O FULL HOUSE RESORTS, INC. 4670 SOUTH FORT APACHE ROAD, SUITE 190 LAS VEGAS, NV 89147	X		COO and CFO				

Signatures

/s/ Mark J. Miller	06/26/2009			
**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.