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 Response	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) 05/19/2010					X Officer (give title below) Other (specify below) COO and CFO						
(Street) LAS VEGAS, NV 89147				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					
(City) (State) (Zip)			Table I - Non-Derivative Securities Acqui				ired, Disposed of, or Beneficially Owned							
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D (Instr. 3, 4 and 5)		of (D)	D) Beneficially Owned Following Reported Transaction(s)			Ownership Form:	7. Nature of Indirect Beneficial	
				Code	V	Amoun	(A) or (D)	Price	(Instr. 3 a	, (Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common	Stock									114,000			D	
Common Stock		05/19/2010		P		5,000	A	\$ 2.95	25,000		I	By Miller Family Living Trust		
Reminder: I	Report on a s	separate line fo	or each class of secur	ities beneficially ov		Pers cont	ons wh	o respo	rm are	e not requ		formation spond unle trol numbe	ess	1474 (9-02)
				Derivative Securiti e.g., puts, calls, wa										
Security	2. Conversion or Exercise Price of Derivative Security		Year) Execution Da	te, if Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Au Un Se (In		Ame Und Seco	Title and ount of derlying urities tr. 3 and		9. Number Derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	Owners Form of Derivati Security Direct (or Indire	Ownershi (Instr. 4) D)	
				Code V	(A) (D)	Date Exer		Expiration Date	on Title	Amount or Number of Shares				

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	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	05/19/2010
**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.