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	s)															
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) 12/19/2011							//Year)	X Officer (give title below) Other (specify below) COO and CFO					
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)							n/Day/Year)	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)	GAS, NV	(State)	(Zip)			Tal	bla I	Non	Dow	ivativa (Econnition	. 4 001	uinad Dian	asad of an l	Donoficially	Owned	
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)			2A. Deemed Execution Date, if		e, if	3. Transac Code (Instr. 8)								6. Ownership Form:	7. Nature of Indirect Beneficial Ownership		
		carj			Co	ode	V	Amoun	(A) or (D)	Price		Iu +)		or Indirect (I) (Instr. 4)	(Instr. 4)		
Common Stock 12/19/2011]	P		600	A	\$ 2.38	445,161	445,161		I	By Miller Family Living Trust		
Reminder:	Report on a s	separate line fo	r each class of secu	rities be	eneficially	y ow	ned o	F	ers cont	ons wh	o respo n this fo	rm ar	e not requ		ormation spond unle	ss	1474 (9-02)
					itive Secu								ally Owned				
Security	2. Conversion or Exercise Price of Derivative Security	version Date Execution any (Month/Day/Year) any (Month/Day/Year)	3A. Deemed Execution Da	4. Transaction Code Year) (Instr. 8)	5 5 1 5 5 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6	5.	ative ities ired sed	6. Da	ate Exer Expirationth/Day/	cisable on Date	7. 7 An Un Sec	Fitle and acount of derlying curities str. 3 and	ount of erlying rities r. 3 and Porivative Security (Instr. 5) Porivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		Owners Form of Derivat Security Direct (or Indir	Beneficia ive Ownershi 7: (Instr. 4) D) ect	
					Code	V	(A)		Date Exer		Expiratio Date	n Tit	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 Miller	12/21/2011

**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.