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) 06/01/2011						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) _X_Form filed by One Reporting Person _Form filed by More than One Reporting Person							
(City		(State)	(Zip)		Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned													
(Instr. 3) Date (Month/Day/Year)		2A. Deemed Execution Date, if		Code (Instr. 8)		ction 4. Securities Acquir (A) or Disposed of ((Instr. 3, 4 and 5)			ired	5. Amour Beneficia	nount of Securities ficially Owned Following rted Transaction(s)		6. Ownership Form:	7. Nature of Indirec Beneficia Ownershi				
					(Month/Day/Tear)			ode	V	Amou	nt	(A) or (D)	Price		5 and 4)		\ /	
Common Stock 06/01/2011		06/01/2011				,	A		300,00	00	A	\$ 0	441,900			I	By Miller Family Living Trust	
Reminder:	Report on a s	separate line fo	or each class of secur	Deriva	ative Sec	curit	ies Ac	equire	Pers cont the t	sons whatained if form dis	ho r in th spla	his for ays a c	m are curre eficial	not requesting ntly valid	ction of inf uired to res OMB conf	spond unle	ess	C 1474 (9-02
Security	Conversion Date		3. Transaction Date Execution Date (Month/Day/Year) (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. D and (Mo	ions, convertible securi 6. Date Exercisable and Expiration Date (Month/Day/Year)		7. T Am Und Sect (Ins 4)	itle and ount of lerlying urities tr. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owner Form of Deriva Securi Direct or Indi	tive Owner cy: (Instr. (D) rect	
					Code	V	(A)	(D)	Date	e rcisable	,	piration te	Title	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	06/15/2011

**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.