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) 06/04/2012						X Officer (give title below) Other (specify below) COO and CFO						
				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 Acquired, 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)		if Co (In	(Instr. 8)		(A) or Disposed o		of	Beneficia	ount of Securities cially Owned Following ted Transaction(s) 3 and 4)		Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
		(Code	V	Amou	(A) or (D)	Price				(I) (Instr. 4)	(msu. 4)		
Common Stock 06/04/2012						P		3,135	i A	\$ 2.8	448,296	,296		I	By Miller Family Living Trust	
Reminder:	Report on a s	separate line for	r each class of securi	ities bene	ficially of	owned		Perse conta	ons wh ained i	no respo	rm are	e not requ	ction of inf uired to res OMB con	spond unle	ess	1474 (9-02)
			Table II - I							of, or Ben tible secu		lly Owned				
Security	2. Conversion or Exercise Price of Derivative Security	xercise (Month/Day/Ye of vative		te, if Transaction Code (Instr. 8)		of	vative rities aired or osed 0)	6. Date Exercisal and Expiration D (Month/Day/Yea		on Date Am Year) Und Sec				Derivative Or Securities For Beneficially Owned Se Following Reported Transaction(s) (I)	Owners Form o Derivat Security Direct (or Indir	Beneficia ive Ownersh (Instr. 4)
				Co	ode V	(A)	(D)	Date Exer	cisable	Expiration Date	n 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	06/04/2012

**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.