## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

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				
C/O PT/T T TTOT/OF PEGOPEG P/G 4/50				3. Date of Earliest Transaction (Month/Day/Year) 07/12/2012						X	X Officer (give title below) Other (specify below)  COO and CFO						
				4. If Amendment, Date Original Filed(Month/Day/Year)							n/Day/Year	_X_ For	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)	Table I - Non-Derivative Securities Acquired, Disposed of, or Ben								Reneficially	Owned				
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year)			2A. Deemed Execution Date, if		e, if	3. Transa Code (Instr. 8)		4. Securities Acqu (A) or Disposed of		equire d of	ed 5. Am Benefi Repor	amount of Securities leficially Owned Following lorted Transaction(s) tr. 3 and 4)		6. Ownership Form:	7. Nature of Indirect Beneficial Ownership		
						Co	de	V	Amoui	(A) or	r Pri	ce				(Instr. 4)	
Common Stock 07/12/2012					P			2,000	A	\$ 2.8	450,2	450,296		I	By Miller Family Living Trust		
Reminder:	Report on a s	separate line fo	r each class of secur Table II - I	Derivativ	ve Secu	rities	Acq	F c t	Personta conta he fo	ons whained i orm dis	no responding this formal section for the section of the section o	orm a a cur enefic	are not rerently va	llection of in equired to re lid OMB con	spond unl	ess	C 1474 (9-02)
Security	Conversion Date		3. Transaction 3A. Deemed		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 A U S (I 4	Title and mount of Inderlying ecurities Instr. 3 and	Derivativ Security (Instr. 5)	f 9. Number Derivative Securities Beneficiali Owned Following Reported Transactio (Instr. 4)	Owner Form of Deriva Securi Direct or Indi	tive Ownersh ty: (Instr. 4) (D) rect	
				С	ode V	V (A	A) (	(D)		2104010			of Share	es			

### **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	07/13/2012

**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.