# FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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)XDirector10% Owner				
C/O PLUI HOUSE PECOPEC DIG 4/50				3. Date of Earliest Transaction (Month/Day/Year) 07/13/2012						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)  _X_ 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		(Instr. 8)		(A) or Disposed o		uired 5. Amou Benefici Reported		mount of Securities eficially Owned Following orted Transaction(s) tr. 3 and 4)		6. Ownership of Form: I Direct (D)	Beneficial Ownership		
						ode	V	Amoui	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)	
Common Stock 07/13/2012						P		2,000	A	\$ 2.7	452,296	52,296		I	By Miller Family Living Trust	
Reminder:	Report on a s	separate line for	r each class of securi	ities benefici			F c t	Personta conta	ons wh ained i orm dis	no respon n this for splays a	m are curre	e not requ ntly valid	ction of int uired to res OMB con	spond unle	ess	1474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Exercise (Month/Day/Y	. Transaction 3A. Deemed Execution Date Annual Support	4. Transaction Code Year) (Instr. 8)		5. 6. D Number and		ions, convertible securi 6. Date Exercisable and Expiration Date (Month/Day/Year)		7. T Ame Und Seco	ritle and ount of derlying urities tr. 3 and	Derivative I Security (Instr. 5) I G		Owners Form o Derivat Security Direct ( or Indir	Beneficia Ownersh (Instr. 4)	
				Code	V	(A)		Date Exer		Expiration Date	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	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.