## 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						
(Last) (First) (Middle) C/O FULL HOUSE RESORTS, INC., 4670 SOUTH FORT APACHE ROAD, SUITE 190				3. Date of Earliest Transaction (Month/Day/Year) 08/23/2012												
				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)	GAS, NV	(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		if Coo	(Instr. 8)					d 5. Amount of Securities			6. Ownership Form:	7. Nature of Indirect Beneficial Ownership		
					(Month/Day/Tear)		Code	V	Amour	(A) or (D)	Price	(msu. 3 a	nu 4)		\ /	(Instr. 4)
Common Stock 08/23/2012					P		2,500	A	\$ 2.68	459,796		I	By Miller Family Living Trust			
Reminder:	Report on a s	separate line fo	r each class of secur Table II - 1	Derivativ	ve Secur	ities A	cquire	Pers cont the f	ons what in the constant of th	no respo n this fo splays a of, or Be	orm ar curre	e not requently valid	OMB con	formation spond unle trol numbe	ess	1474 (9-02)
1. Title of Derivative Security (Instr. 3)  Price of Derivative Security Security		3. Transaction Date (Month/Day/Year) (Month/Day/Year)		e.g., puts, calls, war  4. 5 Transaction N Code o (Instr. 8) 5 A (Instr. 8) 6 (Instr. 8) 7 (Instr. 8) 7 (Instr. 8) 7 (Instr. 8) 7 (Instr. 8) 8		5. Num of Deri Secu Acqu (A) c Disp of (I (Inst.)	rrants, options, 5. 6. Do Number of (More Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ons, convertible securi 5. Date Exercisable and Expiration Date (Month/Day/Year)		7. T Am Und Sec (Ins 4)	Citle and count of derlying urities str. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form o Derivat Securit Direct or India	Ownersh y: (Instr. 4) (D) rect
				C	ode V	(A)	(D)					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	08/23/2012

**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.