### 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				
(Last) (First) (Middle) C/O FULL HOUSE RESORTS, INC., 4670 SOUTH FORT APACHE ROAD, SUITE 190				3. Date of Earliest Transaction (Month/Day/Year) 04/04/2013							X Officer (give title below) Other (specify below)  COO				
				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, any (Month/Day/Yea	f Code (Inst	(Instr. 8)		tion 4. Securities Acquir (A) or Disposed of (D) (Instr. 3, 4 and 5)		of	Beneficia	3 and 4)		Ownership Form:	Beneficial Ownership		
			Со	de	V	Amour	(A) or (D)	Price				(I) (Instr. 4)	(IIIsu: 4)		
Common Stock 04/04/2013			F	•		4,372	A	\$ 2.8	464,796		I	By Miller Family Living Trust			
Reminder:	Report on a s	separate line for	r each class of securi			F	Personta conta	ons wh ained ii orm dis	no respor n this for splays a	m are	not requesting ntly valid		ormation spond unle trol numbe	ss	1474 (9-02)
				Derivative Securi g.g., puts, calls, w							lly Owned				
Security	2. Conversion or Exercise Price of Derivative Security	xercise (Month/Day/Year) e of vative	Execution Date, i	Code	5. Number of Deriva Securit Acquir (A) or Dispos of (D) (Instr. 4, and	etive ties red sed sed 3,	and E	te Exerc Expiration htth/Day/	on Date	Amo Und Secu	rities (Instr. 5) Benefic Owned Follow Reporte Transac (Instr. 4)			Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficia Ownershi (Instr. 4)
				Code V	(A)		Date Exerc	cisable	Expiration Date	n Title	Amount 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			

#### **Signatures**

/s/ Mark Miller	04/04/2013

**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.