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 Responses	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				06/	3. Date of Earliest Transaction (Month/Day/Year) 06/03/2014						X_0	Office	er (give title belo	COO	Other (specify	pelow)	
LASVE	GAS NV	(Street)		4. If	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)		Exec any	any		Code (Instr. 8)		4. Securities Acquires (A) or Disposed of (Instr. 3, 4 and 5)			D) Beneficially Own Reported Transaction		lly Owned F Transaction	Following	Form:	7. Nature of Indirect Beneficial		
				(Moi	(Month/Day/Year)		Code	V	V Amount (D) Price (Instr. 3 and		nd 4)	d 4)		Ownership (Instr. 4)			
Common Stock 06/03/2014					P		1,000	A	\$ 1.488	525,796		5		I	By Miller Family Living Trust		
Reminder:	Report on a s	eparate line fo	or each class of sec	urities	beneficially	y ov		Pers	sons wh tained i	no respo n this fo	rm ar	e not r	equ	ction of inf iired to res OMB cont	spond unle	SS	1474 (9-02)
			Table II				ies Acquiro arrants, op					•	ned				
1. Title of Derivative Security (Instr. 3)	Conversion	rivative	ansaction 3A. Deemed Execution Da any	d Date, if	4.		5. 6. I Number and		Date Exercisable I Expiration Date onth/Day/Year)		7. T Am Und Sec	7. Title and Amount of Underlying Securities (Instr. 3 and		8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	Ownershi Form of Derivativ Security: Direct (D or Indirect	Ownersh (Instr. 4) D)
								Date Exe	-	Expiration Date	on Titl	or Num of					

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	06/04/2014

**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.