FORM 4

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

OMB APPROVAL
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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	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) 06/04/2014							X Officer (give title below) Other (specify below) COO						
(Street)					4. If Amendment, Date Original Filed(Month/Day/Year)								6. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting PersonForm filed by More than One Reporting Person					
LAS VEGAS, NV 89147 (City) (State) (Zip)					Table I - Non-Derivative Securities Acquired, Disposed of, or Benefic								Beneficially	Owned				
			Execution Execut	2A. Deemed Execution Date, if		(Instr. 8)					ed 5. Amount of Securitie		es 6 collowing C s) F	6.	7. Nature of Indirect Beneficial Ownership			
					(Nonth/Day/1Car)			ode	V	Amour	(A) or	Pri		(msu. 3 a	iiu +)		or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock 06/04/2014							P		1,500	A	\$ 1.4	49	527,296		I	By Miller Family Living Trust		
Reminder: 1	Report on a s	separate line fo	or each class of sec					1	Pers conta the f	ons wh ained i orm dis	no respo n this fo splays a	orm a cui	are rren	not requ tly valid		ormation spond unle	ss	1474 (9-02)
			Table II		ative Seco puts, calls									y Owned				
Security	2. Conversion or Exercise Price of Derivative Security	se (Month/Day/Year) any (Month/Day/	Date, if	4. Transaction Code (Instr. 8)		Number		and Expiration Date (Month/Day/Year)		I U S	7. Title and Amount of Underlying Securities (Instr. 3 and 4) Amount			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form o Derivat Securit Direct (or India	Beneficia Ownersh (Instr. 4)		
					Code	V	(A)		Date Exer	cisable	Expiration Date	on T	Γitle	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	06/05/2014

**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.