# 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. 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) 06/09/2014              |             |  |            |   |   | 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 Person _Form filed by More than One Reporting Person |   |   |   |   |   |                                      |
| LAS VEGAS, NV 89147 (City) (State) (Zip)   |   |                                  |                            | Table I - Non-Derivative Securities Acqui                                |             |  |            |   |   |   | ired, Disposed of, or Beneficially Owned  |   |   |   |   |                                      |
| 1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year)                         |   | 2A. Deemed<br>Execution Date, if |                            | 3. Transa<br>Code<br>(Instr. 8)  |             | 4. Securities Acc<br>(A) or Disposed                               |            | quired 5. Amor<br>of Benefic<br>Reporte |   | Amount of Securities deficially Owned Following ported Transaction(s) tr. 3 and 4)  |   | 6.<br>Ownership<br>Form:<br>Direct (D)      | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |   |   |                                      |
|  |   |                                  |                            |  |             | Code   | V          | Amou                                    | (A) or (D)                              | Price   |   |   |   | (I)<br>(Instr. 4)   | (msu. 4)  |                                      |
| Common Stock 06/09/2014  |   |                                  |                            |  | Р           |  | 1,500      | ) A                                     | \$<br>1.5                               | 528,796   |   |   | I   | By<br>Miller<br>Family<br>Living<br>Trust   |   |                                      |
| Reminder:  | Report on a s   | separate line fo                 | r each class of secur      | ities bene   | eficially o | owned  |            | Perso                                   | ons whained i                           | no respor<br>n this for   | m are   | e not requ                                  |   | formation<br>spond unle<br>trol numbe   | ss  | 1474 (9-02)                          |
|  |   |                                  | Table II - I               |  |             |  |            |   |   | of, or Ben<br>tible secu  |   | lly Owned                                   |   |   |   |                                      |
| Security   | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | ercise of ative (Month/Day/      | Execution Data h/Day/Year) | te, if Transaction<br>Code<br>(ear) (Instr. 8)                           |             | of<br>Deriv<br>Secur<br>Acqu<br>(A) of<br>Dispo<br>of (D<br>(Instr | Number and |   | and Expiration Date<br>(Month/Day/Year) |   | Ame<br>Und<br>Sect  | itle and ount of lerlying urities tr. 3 and | Derivative<br>Security<br>(Instr. 5)                              | 9. Number of<br>Derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s<br>(Instr. 4) | Owners Form of Derivati Security Direct ( or Indire | Beneficia Ownershi (Instr. 4) D) ect |
|  |   |                                  |                            | C  | ode V       | (A)  |            | Date<br>Exerc                           | cisable                                 | Expiration<br>Date  | Title   | or<br>Number<br>of<br>Shares                |   |   |   |                                      |

### **Reporting Owners**

|  | Relationships |              |         |       |  |  |
|--|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address   | Director      | 10%<br>Owner | Officer | Other |  |  |
| Miller Mark J<br>C/O FULL HOUSE RESORTS, INC.<br>4670 SOUTH FORT APACHE ROAD, SUITE 190<br>LAS VEGAS, NV 89147 | X             |              | COO     |       |  |  |

## **Signatures**

| /s/ Mark Miller | 06/10/2014 |
|-----------------|------------|
|                 |            |

| **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.