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

pe Responses	s)																
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 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) 06/17/2014								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) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
)	(State)	(Zip)			T	able I -	Non-	-De	rivative S	Securit	ies Ac	quir	ed, Dispo	osed of, or I	Beneficially	Owned	
(Instr. 3) Date		2. Transaction Date (Month/Day/Year	Execu any	any		f Code (Instr. 8)					Beneficially Owner Reported Transacti		ally Owned l Transaction	Following	Ownership Form:	Beneficial	
				(Month/Day/Year)		Cod	e '	V	Amount	(A) or (D)	Pric	ce	(Instr. 3 a	istr. 3 and 4)		or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Stock		06/17/2014				P			2,000	A	\$ 1.42	299	530,796	5		I	By Miller Family Living Trust
Report on a s	separate line f						P c tl	Person he	sons wh tained in form dis	no resp n this t splays	form a a cur	are i	not requ tly valid	uired to res	spond unle	ss	1474 (9-02)
Derivative Conversion D		5. Transaction 3A. Deemed Execution Da any		e.g., puts, calls, warr 4. 5. Transaction Code of (Instr. 8) De Se Actorial of (Irstr. 8) Di of (Irstr. 8)		5. Number of Deriva Security Acquire (A) or Disposo of (D) (Instr.	rants, options 6. Elumber of the derivative ecurities acquired to the derivative ecu		s, convertible secur Date Exercisable Expiration Date onth/Day/Year)		tion	es) 7. Titl Amou Jnder Secur Instr.	le and unt of rlying ities . 3 and	8. Price of Derivative Security (Instr. 5)	Derivative Securities Beneficially Owned Following Reported	Owners Form o Derivat Security Direct (or Indirect)	Beneficia Ownersh (Instr. 4)
	d Address of ark J L HOUSE FORT AP. GAS, NV ecurity Stock Conversion or Exercise Price of Derivative	GAS, NV 89147 (State) Stock Report on a separate line for Exercise Price of Derivative	Address of Reporting Person* ark J (First) (Middle) L HOUSE RESORTS, INC., 4670 FORT APACHE ROAD, SUITE 190 (Street) GAS, NV 89147 (State) (Zip) Ecurity 2. Transaction Date (Month/Day/Year) Stock 06/17/2014 Conversion or Exercise Price of Derivative 2. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) A. Deeme Execution I any (Month/Day/Year)	d Address of Reporting Person* ark J (First) (Middle) (Body Compared on the process of the pro	d Address of Reporting Person* ark J (First) (Middle) L HOUSE RESORTS, INC., 4670 FORT APACHE ROAD, SUITE 190 (Street) (State) 2. Transaction Date (Month/Day/Year) Stock (Apport on a separate line for each class of securities beneficial (Conversion or Exercise Price of Derivative Price of Derivative (First) (Middle) 3. Date of Ea 06/17/2014 2. Transaction Date (Execution Data any (Month/Day/Year) 3. Deemed Execution Data any (Month/Day/Year) 2. Table II - Derivative Sec (e.g., puts, call 2. Code (Month/Day/Year) (Month/Day/Year) (Instr. 8)	2. Issuer Name : FULL HOUSE Ark J (First) (Middle) CHOUSE RESORTS, INC., 4670 FORT APACHE ROAD, SUITE 190 (Street) (State) (State) (Zip) Tecurity 2. Transaction Date (Month/Day/Year) Stock (Month/Day/Year) Table II - Derivative Securities beneficially of the content	2. Issuer Name and Tic FULL HOUSE RES (First) (Middle) L HOUSE RESORTS, INC., 4670 FORT APACHE ROAD, SUITE 190 (Street) 4. If Amendment, Date Of Code Code Conversion or Exercise (Month/Day/Year) 2. Transaction Date (Month/Day/Year) Table II - Derivative Securities Acquir (A) or Dispos of (D) (Instr. 8) Table II - Derivative Securities Security 2. Transaction Date (Month/Day/Year) Table II - Derivative Securities Securities Securities Security A security Security (A) or Dispos of (D) (Instr. 8)	Code Conversion or Exercise Price of Derivative Security Code Conversion or Exercise Price of Derivative Security Code Conversion or Exercise Price of Derivative Security Code Code	Code Code	Address of Reporting Person ark J Code V Amount	Code V Amount Code V Amount Code Conversion or Exercise Code Code	Address of Reporting Person ark J (First) (Middle) L HOUSE RESORTS, INC., 4670 FORT APACHE ROAD, SUITE 190 (Street) GAS, NV 89147 (State) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) Stock 06/17/2014 2. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) Stock 06/17/2014 2. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) Stock 06/17/2014 2. Transaction Date (Month/Day/Year) (Month/Day/Year)	Address of Reporting Person 2. Issuer Name and Ticker or Trading Symbol FULL HOUSE RESORTS INC [FLL] 3. Date of Earliest Transaction (Month/Day/Year) 606/17/2014	Address of Reporting Person.* 2. Issuer Name and Ticker or Trading Symbol FULL HOUSE RESORTS INC [FLL] 3. Date of Earliest Transaction (Month/Day/Year) (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of (D) (Instr. 3, 4 and 5) (Instr. 3) (Instr. 4) (A) (Instr. 3) (A) (A) (Instr. 3) (A) (A) (Instr. 3) (Instr. 3) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Instr. 3) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Instr. 3) (Month/Day/Year) (Mo	Address of Reporting Person* ark J	A Address of Reporting Person * Ar J (Filsto) (Middle) L HOUSE RESORTS, INC., 4670 CORT APACHE ROAD, SUITE 190 (Street) 4. If Amendment, Date Original Filed Month/Day/Year) GAS, NV 89147 (Stune) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 3. Transaction (Month/Day/Year) 4. If Amendment, Date Original Filed Month/Day/Year) 5. Amount of Securities 6. Amount of Securities 8. Price of (Month/Day/Year) Amount of Securities 8. Price of (Month/Day/Year) Amount of Securities 9. Persons who respond to the collection of information contained in this form are not required to respond unle the form displays a currently valid OMB control number of Execution Date (Ag., puts. calls, warrants, options, convertible securities) 2. Conversion Date (Month/Day/Year) Amount of Date (Month/Day/Year) Amount of Date (Month/Day/Year) Amount of Derivative Securities (Instr. 3) Beneficially Owned Following Reported Transaction (Month/Day/Year) Amount of Date (Month/Day/Year) Amount of Underlying Securities (Instr. 3) Beneficially Owned Following Reported Transaction (Month/Day/Year) Beneficially Owned Following Reported (Ag.) or Beneficially Owned (Month/Day/Year) Beneficially Owned Following Reported (Month/Day/Year) Beneficially Owned Following Reported (Month/Day/Year) Beneficially Owned Foll	Address of Reporting Person.2 Address of Reporting Person.3 Address of Reporting Person.4 Address of Reporting Person.5 Address of Reporting Person.5

Reporting Owners

	Relationships						
Reporting Owner Name / Address		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	06/17/2014

**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.