FORM 4	ŀ
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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).

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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

1. Name and Address of 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) C/O FULL HOUSE SOUTH FORT AP	3. Date of Earliest Transaction (Month/Day/Year) 09/08/2014					X_Officer (give title below) Other (specify below) COO						
LAS VEGAS, NV	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						
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acqu						uired, Disposed of, or Beneficially Owned			
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	Execution Date, if		ction	(A) or Disposed of (D)		of (D)			: Beneficial	
				Code	v	Amount	(A) or (D)	Price		or Indirect (I) (Instr. 4)	(Instr. 4)	
Common Stock		09/08/2014		Р		12,600	A	\$ 1.02	543,396	Ι	By Miller Family Living Trust	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number. SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of	2.	3. Transaction	3A. Deemed	4.	5.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature				
Derivative	Conversion	Date	Execution Date, if	Transaction	Num	nber	and Expiration Date		tion Date Amount of		Derivative	Derivative	Ownership	of Indirect				
Security	or Exercise	(Month/Day/Year)	any	Code	of		(Month/Day/Year)		(Month/Day/Year) U		(Month/Day/Year) U		Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Deri	vative	· · · · ·		S		Securitie		rities	(Instr. 5)	Beneficially	Derivative	Ownership	
	Derivative				Secu	rities							(Instr	. 3 and		Owned	Security:	(Instr. 4)
	Security				Acq	uired			4)			Following	Direct (D)					
					(A)							1	or Indirect					
					Disp							Transaction(s)						
					of (I	· ·						(Instr. 4)	(Instr. 4)					
					(Inst	· ·												
					4, ar	id 5)												
										Amount								
							Date	Expiration		or								
							Exercisable	*	Title	Number								
							Exercisable	Date		of								
				Code V	(A)	(D)				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	Х		COO			

Signatures

/s/ Mark Miller	09/09/2014

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.