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				09/	3. Date of Earliest Transaction (Month/Day/Year) 09/10/2014						X Officer (give title below) Other (specify below) COO					
(Street)				4. If	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 Acquired, Disposed of, or Beneficially Owned											
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year		Execu			Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			Ownership o Form:	Beneficial		
			(Mon	th/Day/Year)	Со	de	V	Amount	(A) or (Instr. 3 and 4) ount (D) Price				Ownership (Instr. 4)			
Common Stock 09/10/2		09/10/2014			P	•		10,000	A	\$ 0.9959	563,396			By Miller Family Living Trust		
Reminder:	Report on a s	separate line f	or each class of sec	urities l	oeneficially o	wned		Per	sons wha	no resp n this t	form ar	e not requ		formation spond unle trol numbe	ss	1474 (9-02)
			Table II		ative Securi puts, calls, w							lly Owned				
Security	2. Conversion or Exercise Price of Derivative Security	ercise (Month/Day/of ative	Execution Day ay/Year) any	Date, if	4. Transaction Code Year) (Instr. 8)		rative rities ired rosed) . 3, 15)	6. Date Exercisable and Expiration Date (Month/Day/Year)		Am Und Sec	Title and ount of derlying urities tr. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form of Derivati Security Direct (1 or Indire	Beneficia Ownershi (Instr. 4)	
					Code V	(A)	(D)	Dat Exe	e ercisable	Expirat Date	tion Titl	Amount 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	09/11/2014

**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.