### FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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) 09/12/2014							X Officer (give title below) Other (specify below)  COO				
(Street) LAS VEGAS, NV 89147				4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line)  Form filed by One Reporting Person Form filed by More than One Reporting Person					
(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)		2A. Deemed Execution Date, if any (Month/Day/Year)		(Instr. 8)		4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficia	nount of Securities ficially Owned Following rted Transaction(s) . 3 and 4)		Ownership of Form:	7. Nature of Indirect Beneficial Ownership		
			,		Code	V	Amoun	(A) or (D)	Price	Ì	,		or Indirect (I) (Instr. 4)	(Instr. 4)	
Common Stock 09/12/2014					P		10,000	A	\$ 1	578,396	8,396		I	By Miller Family Living Trust	
Reminder:	Report on a s	separate line fo	r each class of secur	ities beneficially	owne		Pers	ons wh	o respoi	rm are	not requ		ormation spond unle trol numbe	ss	1474 (9-02)
				Derivative Secures, puts, calls,							ly Owned				
Security	2. Conversion or Exercise Price of Derivative Security	Exercise (Month/Day/Y	Date Execution Date Month/Day/Year)	d 4. Date, if Transaction Code //Year) (Instr. 8)			and Expiration Date (Month/Day/Year) Units Section (In		7. Tanda Ama Und Secu	urities (Instr. 5) Benefici Owned Followin Reporter Transact (Instr. 4)		Derivative Securities Beneficially	Ownershi Form of Derivative Security: Direct (D) or Indirec	Beneficial Ownershi (Instr. 4)	
				Code V	/ (A)	(D)	Date Exer		Expiration Date	n Title	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	09/15/2014

**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.