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) 09/15/2014								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 Acquired, Disposed of, or Beneficially Owned													
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)			2A. Deemed Execution Date, if		(Instr. 8)				ed 5. Amount of D) Beneficially		of Securities ly Owned Following Fransaction(s)		6. Ownership Form:	7. Nature of Indirect Beneficial Ownership				
			(11101				ode	V	Amour	(A) or (D)	Pric	Ì		,		or Indirect (I) (Instr. 4)	(Instr. 4)	
Common Stock 09/15/2014						P		891	A	\$ 0.9	7 5	579,287		I	By Miller Family Living Trust			
Reminder:	Report on a s	separate line fo	r each class of secu	rities b	oeneficiall	ly ov	vned (I	Pers	ons wh	no respo n this fo	orm a	are i	not requ		ormation pond unle	ss	1474 (9-02)
			Table II -											Owned				
Security	2. Conversion or Exercise Price of Derivative Security	xercise (Month/Day/Ye of vative	Transaction 3A. Deemed Execution Date 4Month/Day/Year) any		te, if Transaction Code ('ear) (Instr. 8)		5. Numbor Of Deriv Secur Acqu (A) or Dispo of (D) (Instr	6. Da and I (More erivative ecurities cquired A) or isposed		Date Exercisable and Expiration Date Month/Day/Year)		7. A U Se	Titlamou Inder ecur	le and int of rlying ities 3 and	Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form of Derivat Security Direct (or Indir	Beneficia Ownersh (Instr. 4)
					Code	V	(A)		Date Exer	cisable	Expiration Date	on Ti	itle	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	09/16/2014

**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.