# 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				09/2	3. Date of Earliest Transaction (Month/Day/Year) 09/29/2014								X Officer (give title below) Other (specify below)  COO					
(Street) LAS VEGAS, NV 89147				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					
(City)		(State)	(Zip)		Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned													
(Instr. 3) Date (Month/Day/Year)			Execu	•		(Instr. 8)		tion	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			) [	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			Ownership Form:	Beneficial	
			(Mont	(Month/Day/Year		Co	de	V	Amount	(A) or (D)	Price		(Instr. 3 a	and 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common Stock 09/29/2014					P	•		10,000	A	\$ 1.224	47	589,287		I	By Miller Family Living Trust			
Reminder:	Report on a s	separate line f	for each class of secu	ırities b	oeneficiall	ly ov	vned (		Per:	sons wh	no resp n this t	form a	are r	not requ		ormation spond unle	ss	1474 (9-02)
			Table II -		ative Seco									Owned				
Security	2. Conversion or Exercise Price of Derivative Security	rcise (Month/Day/Year) f tive	on 3A. Deemed Execution Date		4. Transaction Code		5. 6.1 Number and		6. I and (Mo	. Date Exercisable nd Expiration Date Month/Day/Year)		7. Ai Ui Se	Title and mount of inderlying ecurities instr. 3 and			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)	(D)	Dat Exe	e ercisable	Expirat Date	tion 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	09/30/2014

**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.