## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

wasnington,	D.C.	20548

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

## Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

						or Sec	tion 30(h) of	the I	nvestme	ent Co	mpany Act of	1940							
1. Name and Address of Reporting Person* SYKES OLLIN B					2. Issuer Name <b>and</b> Ticker or Trading Symbol CHARLES & COLVARD LTD [ CTHR ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner						
(Last) (First) (Middle) C/O CHARLES & COLVARD LTD 170 SOUTHPORT DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 05/20/2015									Director  Officer (give title below)		10% Owne Other (spe below)		
1/0 300	THPORT	JKIVE			_ 4.	If Am	endment, Da	ate of	Origina	l Filed	(Month/Day/	Year)		. Individ	dual or Jo	int/Group	p Filing (	Check Ap	olicable
(Street) MORRIS	SVILLE N	С	27560											X		-	-	ing Perso One Repo	
(City)	(S	tate)	(Zip)																
		Ta	ble I - No	n-Der	ivativ	/e Se	ecurities	Acq	uired	, Dis	posed of	or Ber	neficia	ally O	wned				
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		ear)   i	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)				(A) or 3, 4 and	d Se Be Ov	5. Amount of Securities Beneficially Owned Following Reported	.	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	rect In direct B 4) O	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)	Price		ansaction str. 3 and				·
common	stock														348,4	84	D		
common	stock														558,7	10	I	S F S C P P P S S P	y Ollin ykes TR BO ykes & company A 401(k) rofit haring lan UA an 01, 985 <sup>(1)</sup>
common	stock														10,59	9	I		y SEP RA
common	stock														14,78	37	I	В	y spouse
common	stock														918		I	Iı	y ykesco nvestment artners <sup>(2)</sup>
common	stock														17,323		I		y ROTH RA
common	stock														475		I	В	y IRA
			Table II -								osed of, c				vned				
1. Title of Derivative Conversion Security (Instr. 3)  2. Conversion Date Execution if any (Month/Day/Year)  Price of Derivative Security		d Date,	4. Transaction Code (Instr.		5. Number of Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported		LO. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amour or Number of Shares	er		Transact (Instr. 4)			
Stock Option (right to buy)	\$1.37	05/20/2015			A		36,496 <sup>(3)</sup>		05/20/2	2016	05/20/2025	common stock	36,49	96	\$0	36,4	96	D	
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- 1. Ollin Sykes is the trustee of the Sykes & Company PA 401(k) Profit Sharing Plan UA Jan 01, 1985. The aggregate shares of the Issuer's common stock reported as held by the plan include 73,877 shares held in Mr. Sykes's personal 401(k) account under the plan. Mr. Sykes disclaims beneficial ownership of the reported securities except to the extent of his pecuniary interest therein.
- 2. Mr. Sykes is a partner within this investment partnership and has shared voting and investment power over these shares.
- 3. This option vests and becomes exercisable on the date of the 2016 Annual Shareholders' Meeting.

/s/ Steven C. Dawson, Attorney-In-Fact

05/22/2015

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.

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 Number.