FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

this box if no longer subject to	
n 16 Form 1 or Form F	

1. Name and Address of Reporting Person* PAULSON JACQUELINE M

(First)

(Middle)

(Last)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 average burden response: 0.5

7. Nature of Indirect Beneficial Ownership (Instr. 4)

Footnote⁽¹⁾

11. Nature of Indirect Beneficial Ownership (Instr. 4)

Section obligat	n 16. Form 4 or ions may contii tion 1(b).	Form 5		Fil							ties Excha			934				d average bur r response:	den 0
1. Name and Address of Reporting Person* PAULSON CAPITAL CORP (Last) (First) (Middle) 811 SW NAITO PARKWAY SUITE 200				2. 19	or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol CHARLES & COLVARD LTD [CTHR] 3. Date of Earliest Transaction (Month/Day/Year) 09/30/2003									5. Relationsh (Check all ap Dire		orting F	. ,	Issuer Owner	
														Officer (give title X Other (specify below) See Footnote (1)					
(Street) PORTLAND OR 97204				- 4. If -	Amer	ndment	t, Date	of Origin	al File	d (Month/E	ay/Ye	ar)		y For	m filed by	One R	iling (Check eporting Pe han One Re	rson	
(City)	(Si		(Zip)	D											:-!! 0	1			
1. Title of S	Security (Ins		ie i - NC	2. Transa Date (Month/E	action	2A Ex	. Deem ecution	ed	3. Transa	ection	4. Securit	ies Ac	quire	d (A) or	nd Securi Benefi Owned	ount of ties cially I Following	For (D)	Ownership m: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	() (I	A) or D)	Price		ction(s) 3 and 4)	\perp		(Instr. 4)
Common	Stock			09/30	/2003				S		3,900		D	\$4.	51 1,4	82,900		I	See Footnote
		T									osed of				ly Owned	i			
1. Title of Derivative Security (Instr. 3) Conversion or Exercise Price of Derivative Security		3. Transaction Date (Month/Day/Year)	Execution if any	ecution Date, any		4. Transaction Code (Instr. 8)		n of		6. Date Exerci Expiration Da (Month/Day/Yo		Ame Sec Und Deri Sec	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			9. Numb derivativ Securiti Benefici Owned Followin Reporte Transac (Instr. 4)	ve es ially ng ed etion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficia Ownersh tt (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	O N O	umber					
1		Reporting Person*																	
(Last)	NAITO PA	(First)		ddle)															
(Street)	AND	OR	972	204															
(City)		(State)	(Zip))															
ı		Reporting Person*																	
(Last) 811 SW SUITE 2	NAITO PA	(First) RKWAY	(Mid	ddle)															
(Street) PORTLA	AND	OR	972	204															
(City)		(State)	(Zip)															

811 SW NAITO SUITE 200	PARKWAY	
(Street) PORTLAND	OR	97204
(City)	(State)	(Zip)

Explanation of Responses:

1. Form filed by more than one reporting person. In addition to Paulson Capital Corp. ("PLCC"), the following are reporting parties: Chester L.F. Paulson, Jacqueline M. Paulson, Paulson Family LLC ("LLC") and Paulson Investment Company, Inc. ("PICI"). These reporting parties collectively own over 10%. The address for each of the reporting parties is the same as that provided for PLCC. PICI is a registered broker/dealer and a wholly owned subsidiary of PLCC. Mr. and Mrs. Paulson are controlling managers of the LLC, which is a controlling shareholder of PLCC, which is the parent company of PICI. Mr. and Mrs. Paulson and the LLC expressly disclaim any beneficial ownership of securities held in the name of PLCC and PICI.

Remarks:

Harry L. Striplin, Attorney-in- Fact for Chester L.F. Paulson	10/01/2003
Harry L. Striplin, Authorized Agent for Paulson Capital Corp.	10/01/2003
Harry L. Striplin, Authorized Agent for Paulson Investment Co., Inc.	10/01/2003
Harry L. Striplin, Authorized Agent For Paulson Family, LLC.	10/01/2003
Harry L. Striplin, Attorney-in- Fact for Jacqueline M. Paulson	10/01/2003
** Signature of Reporting Person	Date

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

- * 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.