FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* SYKES OLLIN B | | | | | | 2. Issuer Name and Ticker or Trading Symbol CHARLES & COLVARD LTD [CTHR] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|--|---|---|---------------------------------|------------------------------|--|--|--|---|-----------------------|--|---|--|--|---|---|---|---|-------------------|--|
| STRES OLLIN B | | | | | | , | | | | | | | | X | | | | Owner | |
| (Last) (First) (Middle) 170 SOUTHPORT DRIVE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/01/2020 | | | | | | | | | below | er (give title /) | belo | er (specify w) | | |
| (0) | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) MORRISVILLE NC 27560 | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | | |
| (City) | (St | ate) (Zip) | | | | | | | | | | | Person | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secur | ities | Acq | uired | , Dis | posed of | , or B | enef | ficiall | y Own | ed | | | |
| 1. Title of Security (Instr. 3) | | | 2. Transac Date (Month/Da | | Execution | | ate, | 3. Transaction Code (Instr. 8) | | 4. Securities Acc Disposed Of (D) 5) | | Acquired (A) or (D) (Instr. 3, 4 and | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Pr | ice | Transac (Instr. 3 | tion(s) | | (Instr. 4) | |
| Common Stock | | | | 12/01/2020 | | | | P | | 336 | A | \$ | 31.16 | 1,10 |)4,395 | I | By Sykes & Company PA 401(k) Profit Sharing Plan UA Jan 01, 1985(1) | | |
| Common Stock | | | | | | | | | | | | | | 135 | 5,000 | I | By SEP IRA | | |
| Common Stock | | | | | | | | | | | | | | | 92 | ,323 | I | By ROTH IRA | |
| Common Stock | | | | | | | | | | | | | | 100 | 0,000 | I | By IRA | | |
| Common Stock | | | | | | | | | | | | | | 45,787 | | I | By spouse | | |
| Common Stock | | | | | | | | | | | | | | 348,484 | | D | | | |
| | | Та | ble II - | | | | | | | | osed of, convertib | | | | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | yersion Date (Month/Day/Year) 3. Transaction Date Execution Date, if any (Month/Day/Year) irity | | 4. Transa Code (8) | (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | mber rative rities ired r osed) | | Exercion Da /Day/Y | isable and | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or Number of Title Shares | | 8. De Se (In | Price of privative ecurity sstr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4) | Owners Form: Direct (I or Indirect (I) (Instr | Beneficial Ownership ect (Instr. 4) | | |

1. Ollin Sykes is the co-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 342,501 shares (including the 336 shares reported as purchased herein) 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.

/s/ Clint J. Pete, Attorney-In-

** Signature of Reporting Person

12/03/2020

Date

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

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.

 $^{^{\}star}$ 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).