FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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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* Sedlar Geraldine L. 2. Date of Event Requiring Statement (Month/Day/Year) 05/11/2004		ent	3. Issuer Name and Ticker or Trading Symbol CHARLES & COLVARD LTD [CTHR]							
(Last) (First) (Middle) C/O CHARLES & COLVARD, LTD.				ionship of Reporting Perso all applicable) Director	on(s) to Issuer		5. If Amendment, Date of Original Filed (Month/Day/Year)			
3800 GATEWAY BLVD., SUITE 310				Officer (give title below)	Other (spe below)	cify		dividual or Joint cable Line)	/Group Filing (Check	
(Street) MORRISVILLE NC 27560							X		y One Reporting Person y More than One erson	
(City) (State) (Zip)										
	Γable I - Non	-Derivati	ive Se	curities Beneficiall	y Owned					
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
common stock				0	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
(е.					Owned	s)				
1. Title of Derivative Security (Instr. 4)		s, warrar isable and ite	nts, o		Owned securities	4. Conver	cise	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	

Explanation of Responses:

James R. Braun, by Power of

<u>Attorney</u>

<u>05/11/2004</u>

** 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 5 (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.