FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|------------|---------------|-----------|

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| 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 Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* KENDALL LAURA C | | | 2. Issuer Name and Ticker or Trading Symbol CHARLES & COLVARD LTD [CTHR] | | | | | | | | | | | onship of Reporting P all applicable) Director | | | 10% Owner | | | |
|--|---|--------|---|--|--------------------------------|-----|--|-------|--|-------|---|---|--|--|---------------------------------------|--|--|--|--|--|
| (Last) (First) (Middle) C/O CHARLES & COLVARD | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/17/2005 | | | | | | | | | | | | Officer (give title pelow) | | Other below) | (specify | | |
| 300 PERIMETER PARK DRIVE, SUITE A | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Street) MORRIS | SVILLE NO | 2 | 27560 | | | | | | | | | | | | X | Form filed by One Reporting Person Form filed by More than One Reportin Person | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Nor | า-Deriv | ative | Sec | curitie | s Acc | quired, | Dis | posed o | of, or | Ben | eficia | ally C |)wne | d | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month/ | | | | | /Day/Year) if a | | 2A. Deemed Execution Date, if any (Month/Day/Year | | Transaction Disposed Code (Instr. 5) | | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | 4 and Se Be Ov | | Securities Beneficially | | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | . 11 | Transaction(s) (Instr. 3 and 4) | | | | (|
| common stock 08/1 | | | | | 7/2005 | | | | P | | 2,700 |) | A \$1 | | 8.9 13,200(1) | | ,200(1) | | D | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | Derivative Conversion Date Execution Security or Exercise (Month/Day/Year) if any | | | | Date, Transaction Code (Instr. | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | 8. Prio Deriva Secur (Instr. | rative crity S | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | F C O | O. Dwnership Form: Direct (D) or Indirect I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | Code | Code V (A) | | (D) | | | Expiration Date | Title | or Nur of | ount nber ires | | | | | | | | |

Explanation of Responses:

1. Number of shares owned adjusted 5% for 2005 stock dividend.

Robert S. Thomas by Power of **Attorney**

08/18/2005

** 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.