FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|
| | | |

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

| l | OMB APPRO | VAL |
|---|------------------------|-----------|
| | OMB Number: | 3235-0287 |
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| l | 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* SYKES OLLIN B | | | | | 2. Issuer Name and Ticker or Trading Symbol CHARLES & COLVARD LTD [CTHR] | | | | | | | | 5. Relationship of Repor (Check all applicable) X Director | | | 10% Owner | | Owner | |
|---|--|--|-----------|---|---|--|--------|--|---|--------------------------|----------------------------------|--|---|---|--|--|--|----------------|---------------|
| | | rst) (COLVARD LTD ARK DR., STE A | Middle) | | 3. Date of Earliest Trans 12/09/2010 | | | | | saction (Month/Day/Year) | | | | | Offic below | er (give title w) | 9 | Other below | (specify) |
| (Street) | SVILLE NO | | 27560 | | 4. If <i>i</i> | Ameno | lment, | Date o | of Origina | al File | d (Month/Da | ay/Year) | | Line |) K Forn Forn | n filed by O | up Filing (C ne Reportir lore than O | g Pers | son |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | Pers | on | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| ,, | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | and Securiti Benefic Owned | | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A) o (D) | r Pric | е | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| common s | stock | | | | | | | | | | | | | | 293 | 3,580 | D | | |
| common stock | | 12/09/2010 | | | | P | | 2,700 | A | \$2 | 55 | 591,161 | | I | | By Sykes & Company Profit Sharing ⁽¹⁾ | | | |
| common s | stock | | | | | | | | | | | | | | 6, | 020 | I | | By SEP IRA |
| common s | stock | | | | | | | | | | | | | | 4, | 787 | I |] | By spouse |
| common stock | | | | | | | | | | | | | 918 | | I | | By Sykesco Investment Partners ⁽²⁾ | | |
| | | Та | ıble II - | | | | | | | | osed of, convertib | | | | Owned | | | | |
| | | ransaction of Code (Instr.) Se Ac (A) Dis | | of | | 6. Date Exerci Expiration Da (Month/Day/Yo | | te | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | Deriva Secur (Instr. | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | Own Form Direct or In (I) (Ir | | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | (| Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amour or Number of Shares | er | | | | | |

Explanation of Responses:

- 1. Ollin Sykes is the trustee of the Sykes & Company Profit Sharing Plan and Trust. The aggregate shares of the Issuer's common stock reported as held by the plan include 45,571 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.

/s/ Timothy Krist, Attorney-In-12/10/2010 **Fact**

** 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.