FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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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

Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol CHARLES & COLVARD LTD [CTHR]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
O'CONNELL DON												ľ		V Director			10% Ov	ner	
(Last)		(First)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 11/14/2023								Officer (below)	give title		Other (s below)	pecify	
170 SOU	JTHPORT	DRIVE		11	11/14/2023							President and CEO							
					_ 4.	If Ame	endment. I	Date o	of Original F	iled (Month/Da	av/Year)	6. Ir	dividual or J	oint/Group	Filina	(Check App	licable	
(Street)					"		,				(., ,	Line)	·				
	SVILLE	NC	27560											_	,		rting Persor		
-					-									Form filed by More than One Reporting Person					
(City)		(State)	(Zip)			Rule 10b5-1(c) Transaction Indication													
						uie	1005-	r(c)	Hansa	actio	on mu	ication							
					lг									ct, instruction	or written pl	an that	is intended t	satisfy	
					<u> </u>	the a	affirmative o	detens	e conditions	of Ru	le 10b5-1(d	c). See Instri	uction 10.						
		Та	ble I - Nor	ı-Deri	vativ	ve Se	curitie	s Ac	quired,	Disp	osed o	of, or Be	neficially	/ Owned					
1. Title of Security (Instr. 3) 2. Trans: Date (Month/L				sactio				3.				ed (A) or	5. Amount of			7. Nature of			
				n/Day/`	Year)	Execution Date, if any		Code (Instr				str. 3, 4 and	Securitie: Beneficia	lly (D) or		r Indirect E	ndirect Beneficial		
ľ						(Month/Day/Year			ur) 8)					Owned Fe		g (I) (Ins		Ownership Instr. 4)	
								Code	v	Amount	mount (A) or P		Transaction(s) (Instr. 3 and 4)						
Common Stock												451,114			D				
			Table II - I	Deriva	ative	Sec	urities	Δca	uired D	isno	sed of	or Ben	eficially	Owned			·		
									s, option	•		,	•	• · · · · · · · ·					
1. Title of	2.	3. Transaction	3A. Deemed	4	1.		5. Numbe	er of	6. Date Ex	ercisa	ble and	7. Title an	d Amount	8. Price of	9. Numbe	er of	10.	11. Nature	
Derivative Security	Conversion or Exercise		Execution Da	ate, T	Transaction Code (Instr. 8)		Derivative Securities Acquired (A) or Disposed				of Securit		Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial		
(Instr. 3)	Price of Derivative	(monangay, roan,	(Month/Day/\						d (A) Derivative			Security	(Instr. 5)	Beneficially Owned		Direct (D) Ov	Ownership (Instr. 4)		
	Security						of (D) (In	str.				iu 4)		Following Reported		(I) (Instr. 4)	""		
				⊢	1		3, 4 and 5)					-	Amount	-	Transaction(s))		
										_			or		(Instr. 4)				
				c	Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	Number of Shares						
Stock																			
Option (Right to	\$0.2965	11/14/2023			Α		100,000		(1)	1	1/14/2033	Common Stock	100,000	\$0.00	100,00	00	D		
Buy)										_									
Stock Option									(2)			Common	150.000				_		
(Right to	\$0.2965	11/14/2023			A		150,000		(2)		1/14/2033	Stock	150,000	\$0.00	150,00	JO	D		

Explanation of Responses:

- 1. Option vested immediately upon grant date of November 14, 2023.
- 2. Option will vest, subject to achievement of performance goals, on July 31, 2024, pursuant to Charles & Colvard, Ltd.'s Fiscal 2024 Executive Equity Incentive Program (the "Plan").

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

Fact

11/16/2023 ** 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.