FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
OMB Number:	B Number: 3235-0104						
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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* Krist Timothy L	ent	3. Issuer Name and Ticker or Trading Symbol CHARLES & COLVARD LTD [CTHR]									
(Last) (First) (Middle) C/O CHARLES & COLVARD LTD.			Relationship of Reporting Pers (Check all applicable) Director	10% Owner Other (specify below)		If Amendment, Date of Original Filed (Month/Day/Year) Individual or Joint/Group Filing (Check Applicable Line)					
300 PERIMETER PARK DR., STE A		X Officer (give title below)									
(Street) MORRISVILLE NC 27560			Chief Financial	Officer		Forn		y One Reporting Person y More than One erson			
(City) (State) (Zip)											
Т	able I - Non	-Derivati	tive Securities Beneficia	lly Owned							
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4)			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)											
1. Title of Derivative Security (Instr. 4) 2. Date Exercisab Expiration Date (Month/Day/Year)			Underlying Derivative Security (Instr. 4) Conve		Convers	rcise Form:		6. Nature of Indirect Beneficial Ownership (Instr. 5)			
	(Month/Day/Y	ear)			or Exerc			(Instr. 5)			

Explanation of Responses:

/s/ Timothy L. Krist

06/25/2009

** 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.