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* GOLDMAN NEAL I | | | | | 2. Issuer Name and Ticker or Trading Symbol CHARLES & COLVARD LTD [CTHR] | | | | | | | | ck all applica | • | | | | |
|--|---|--|---|---------------------------------------|--|--|-----------------------------------|-----|---|--------|---|---|---|--|---|--|--|--|
| (Last) | (F JTHPORT I | , | (Middle) | 3. Date of Earliest Tra 05/17/2017 | | | | | saction (Month/Day/Year) | | | | | Officer (below) | Officer (give title below) | | Other (spe below) | |
| (Street) MORRIS | SVILLE N | С | 27560 | | _ 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line) | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (S | • | (Zip) | | | | | | | | | | | | | | | |
| Table I - Non-Deri 1. Title of Security (Instr. 3) 2. Trans Date (Month/ | | | saction | 1 | | ate, | 3. Transaction Code (Instr. | | 4. Securitie Disposed C | (A) or | 5. Amour Securities Beneficia Owned Fe | s ally following | 6. Owner Form: Di (D) or Inc (I) (Instr. | rect Ir direct B 4) C | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | nstr. 4) |
| Common Stock | | | | 06/02/2017 | | 7 | | | P | | 17,616 | A | \$0.9392 | 2 235 | 235,023 | | | |
| Common Stock 06 | | | 06/0 | 5/2017 | | | | P | | 32,384 | A | \$0.979 | 267 | 267,407 | | | | |
| Common Stock | | | | | | | | | | | | | | 120 | ,000 | I | | By Neal Goldman RA |
| Common Stock | | | | | | | | | | | | | | 250 | ,000 | I | C F | Goldman Partners, P(1) |
| | | | Table II - | | | | | | | | osed of, convertib | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution I if any (Month/Day | Date, | 4. Transa Code (8) | | | | 6. Date Exerci Expiration Dat (Month/Day/Ye | | ite | 7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transactio | e Ov S Fo Illy Di or I (I) | vnership orm: rect (D) Indirect (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | | | |
| Stock Option (right to buy) | \$0.9 | 05/17/2017 | | | A | | 61,111 ⁽²⁾ | | 05/16/2 | 018 | 05/17/2027 | Common stock | 61,111 | \$0.00 | 61,111 | | D | |

Explanation of Responses:

- 1. Mr. Goldman is a partner with Goldman Partners, LP. Mr. Goldman disclaims beneficial ownership of the reported securities except to the extent of his pecuniary interest therein.
- 2. Option vests and becomes exercisable on the date of the 2018 Annual Shareholders' Meeting.

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

Fact

06/05/2017

** 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.