FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

| wasnii | igion, | D.C. | 20549 |
|--------|--------|------|-------|
| | | | |

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

OMB APPROVAL

OMB Number: 3235-0287

Estimated average burden hours per response: 0.5

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* ROBERTS GREGORY N (Last) (First) (Middle) 2121 ROSCRANS AVENUE SUITE 6300 (Street) EL SEGUNDO CA 90245 | | | | 3. D 07/2 | 2. Issuer Name and Ticker or Trading Symbol A-Mark Precious Metals, Inc. [AMRK] 3. Date of Earliest Transaction (Month/Day/Year) 07/20/2017 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6 | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner X Officer (give title Other (specify below) Chief Executive Officer 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | |
|---|--|--------|-------------------------------|-----------------|--|---|--|------|---|--------------------|---|---|---|---|---|--|--|--------------------------------|--|--|
| (City) | (\$ | State) | (Zip) | | | | | | | | | | | Person | | | | | | |
| | | Tab | le I - No | n-Deriv | ative | Sec | uritie | s Ac | quired | , Dis | sposed o | f, or | Ben | eficia | ally | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | Execution Date, | | 3. 4. Securities Acquii Transaction Disposed Of (D) (In: 5) | | | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |
| | | | | | | | Code | v | Amount | (A) or (D) Prid | | Price | - 1 | Transaction(s) (Instr. 3 and 4) | | | | (111341. 4) | | |
| Common Stock, par value \$0.01 per share 07/20/20 | | | | 2017 | 017 | | S | | 1,300(1) | | D | \$14. | 4.75 | | 33,656 | | D | | | |
| Common Stock, par value \$0.01 per share | | | | | | | | | | | | | | 778,938 | | | I | See footnote ⁽²⁾ | | |
| | 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) | ative Conversion or Exercise (Month/Day/Year) 3) Price of Derivative Security Execution Date, if any (Month/Day/Year) | | 4. Transa Code (1 8) | | Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of | | nstr. 3 nount mber | 8. Price of Derivative Security (Instr. 5) | | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

- 1. Sales made pursuant to Rule 10b5-1 trading plan.
- 2. Shares beneficially owned by Silver Bow Ventures, LLC, which is 50% owned by the Reporting Person. The Reporting Person disclaims ownership of such shares in excess of his proportionate pecuniary interest in Silver Bow Ventures, LLC.

Remarks:

/s/ Gregory N. Roberts 07/20/2017

** 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.