FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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0.5

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	Check this box if no longer subject to							
$\neg$	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

						-		,				inparty Act											
1. Name and Address of Reporting Person*  ROBERTS GREGORY N						2. Issuer Name and Ticker or Trading Symbol A-Mark Precious Metals, Inc. [ AMRK ]										Relationship of Reporting Person(s) to Issuer     (Check all applicable)							
															X	Direc	tor		X 10% C	Owner			
(Last) (First) (Middle)					3. D	Date of Earliest Transaction (Month/Day/Year)									X	Office below	er (give title v)		Other below	(specify )			
2121 ROSCRANS AVENUE						06/	06/22/2017										Chief Executive Officer						
SUITE 6300																							
SUITE 0.	300					4 15											O ladicidual as Isia+Ocasus E'' (O) I A I' I'						
(Street)						4. 11	If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)						
EL SEGU	INDO	CA	9	0245													Form	orm filed by One Reporting Person					
	J11,D0			02 13														m filed by More than One Reporting					
(City)		(Stat	e) (2	Zip)													Pers	on					
			Table	e I - No	n-Deriv	ative	Sec	uritie	s Ac	quired	, Dis	posed o	f, or	Ben	efici	ally	Owne	ed					
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day						Execution		Date,	3. Transa Code (I 8)	action Disposed		ties Acquired (A) o Of (D) (Instr. 3, 4			and Securi Benefi Owned		es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
										Code	v	Amount	(A (D	) or )	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock, par value \$0.01 per share 06/22/2						2017	017		S		1,300(1)	)	D	\$15.6		36,956			D				
Common Stock, par value \$0.01 per share																778,938				See footnote <sup>(2)</sup>			
			Та									osed of,				y Ov	vned			,			
					(e.g., pı	ıts, c	alls,	warr	ants,	option	ıs, c	onvertib	le se	curi	ties)								
1. Title of Derivative Security (Instr. 3)	2. Conversic or Exercis Price of Derivative Security	on l se (	3. Transaction Date Month/Day/Year)	Execution Date, if any		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date E Expiration (Month/I	on Dat		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			Deriv Secu	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
			Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	or Nui of	ount mber ares											

## 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 06/22/2017

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.