<b>FORM</b>	4
-------------	---

Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations
may continue. See
Instruction 1(b).

(n.

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

SEC 1474 (9-

02)

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(rint of Type Responses)											
1. Name and Address of Reporting Pe Davidson James D	2. Issuer Name <b>and</b> Ticker or Trading Symbol U.S. GOLD CORP. [USAU]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) (First) C/O U.S. GOLD CORPORATIO IDAHO STREET, SUITE 102-B	3. Date of Earliest Transaction (Month/Day/Year) 08/23/2017						Officer (give title below)	Other (specify b	pelow)		
(Street) ELKO, NV 89801	4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State)	(Zip)	Tabl	Table I - Non-Derivative Securities Acquired,					red, Disposed of, or Beneficially Owned			
1.Title of Security (Instr. 3)	Date (Month/Day/Year)	Execution Date, if	Code (Instr. 8)		(A) or Disposed of (D)		of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Beneficial Ownership	
Common Stock	08/23/2017		Code A		Amount 1,154	(A) or (D) A	Price (1)	1,154	(I) (Instr. 4) D	(	

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

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 control number.

### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

( <i>e.g.</i> , puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.	5	. Nun	ıber	6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transactio	n o	f		and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	D	)eriva	tive	(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	S	ecurit	ties			Securities		(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				А	cquir	ed			(Instr	. 3 and		Owned	Security:	(Instr. 4)
	Security				(/	A) or				4)			Following	Direct (D)	
					D	Dispos	ed						Reported	or Indirect	
					0	f(D)							Transaction(s)	(I)	
					(I	Instr.	3,						(Instr. 4)	(Instr. 4)	
					4	, and	5)								
											Amount				
								Ditt			or				
								Date Exercisable	Expiration	Title	Number				
								Exercisable	Date		of				
				Code V	7 (	(A)	(D)				Shares				

### **Reporting Owners**

Description Operation Name / Address	Relationships						
<b>Reporting Owner Name / Address</b>	Director	10% Owner	Officer	Other			
Davidson James D C/O U.S. GOLD CORPORATION 1910 E. IDAHO STREET, SUITE 102-BOX 604 ELKO, NV 89801	х						

## Signatures

/s/ James Dale Davidson	08/25/2017
**Signature of Reporting Person	Date

# **Explanation of Responses:**

\* 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).

(1) Issued pursuant to the Issuer's 2017 Equity Incentive Plan in consideration for the Reporting Person's role as a director of the Issuer for Board service for the period May 1, 2017 through July 31, 2017.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.