FORM 4

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

OMB APPROVAL					
OMB Number:	3235-028	7			
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

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

1. Name and A Karr Edward (Last) C/O U.S. GC IDAHO STR ELKO, NV 8 (City) 1. Title of Secur (Instr. 3) Common Stc Common Stc Reminder: Repindirectly.	od M OLD CO REET, S 89801 urity	(First) PRPORATIO UITE 102-B (Street)	(Middle) N, 1910 E.	2. Issuer U.S. GOI 3. Date of 08/23/20 4. If Amen 2A. Deeme Execution any (Month/Date)	Earliest 17 dment, 1 Tab ed Date, if	RP. [US Transacti Date Orig le I - Nor 3. Trans Code	AU] on (M inal F	onth/Day	n/Day/Year)	Acqui	_X_ Directory X Office 6. Individu _X_ Form file Form file	(Cheor r (give title below CEO & CEO	President, Co	ble) 9% Owner ther (specify be nairman Check Applicab	ow)
C/O U.S. GC IDAHO STR ELKO, NV 8 (City) 1.Title of Secur(Instr. 3) Common Sto	REET, S 89801 urity tock	ORPORATIO UITE 102-B (Street)	OX 604 (Zip) 2. Transaction Date	08/23/20 4. If Amen 2A. Deeme Execution any	dment, land	Date Original Da	inal F	iled(Montl	n/Day/Year)	Acqui	6. Individu _X_Form file Form file	CEO &	President, C	nairman Check Applicab	
(City) 1.Title of Secur (Instr. 3) Common Stote Common Stote Reminder: Rep	urity	(State)	2. Transaction Date	2A. Deeme Execution any	Tab ed Date, if	le I - Nor 3. Trans Code	-Deri	vative S	ecurities A	Acqui	_X_Form file	ed by One Repo d by More than	rting Person One Reporting Pe	erson	le Line)
(City) 1.Title of Secur (Instr. 3) Common Stote Common Stote Reminder: Rep	urity		2. Transaction Date	Execution any	ed Date, if	3. Trans Code					red, Dispo	osed of, or I	Beneficially (Owned	
Common Sto Common Sto Reminder: Rep	tock		Date	Execution any	ed Date, if	3. Trans Code					reu, Dispe	,scu 01, 01 1	ochemiciany (, wiicu	
Common Sto					• /	3. Transaction Code (Instr. 8)				of	red 5. Amount of Securitie		Ges Gollowing (s) F	5. 7 Ownership o Form: B	. Nature f Indirect seneficial ownership Instr. 4)
Common Sto					Code	V	Amoun	(A) or (D)	Price			((I) (Instr. 4)	,	
Reminder: Rep	tock		08/23/2017			A		98,039	A	<u>(1)</u>	389,783])	
			08/23/2017			A		1,500	A	<u>(2)</u>	291,744])	
							cont	ained ir	this for	m are	e not requ	uired to re	formation spond unle	SS	C 1474 (9- 02)
			Table II - D	erivative S			,		,		lly Owned				
(Instr. 3) Prio	onversion		ate Execution Date Ionth/Day/Year) any	tte, if Transaction of Code De Year) (Instr. 8) See Ac (A Disortion of (In		5. Number 6. Da and F Derivative (Mor Securities Acquired A) or Disposed of (D) Instr. 3, I, and 5)		Expiration Date nth/Day/Year)		Amo Und Secu	itle and bunt of erlying urities tr. 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownership Form of Derivative Security: Direct (D) or Indirect	(Instr. 4)
				Cod	e V	(A) (D)	Date Exer	e :	Expiratior Date	Title	Amount or Number of Shares				

Reporting Owners

Burnetten Community (Addition	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Karr Edward M C/O U.S. GOLD CORPORATION 1910 E. IDAHO STREET, SUITE 102-BOX 604 ELKO, NV 89801	X		CEO & President, Chairman			

Signatures

/s/ Edward M. Karr	08/25/2017
**Signature of Reporting	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 an officer of the Issuer in lieu of an annual cash bonus for period May 1, 2016 through April 30, 2017.
- (2) Issued pursuant to the Issuer's 2017 Equity Incentive Plan 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.