Edgar Filing: U S GLOBAL INVESTORS INC - Form 4

| U S GLOBA Form 4 August 01, 20 | L INVESTORS I | NC | | | | | | | | | |
|--|---|---------------|---|--|----------------------------------|--------|------------|---|--|--|--|
| FORM | 1 | | | | | | | | | PPROVAL | |
| Check this box if no longer subject to Section 16. Form 4 or | | | | | | | | OMB Number: | 3235-0287 | | |
| | | | | | IN BENEFICIAL OWNERSHIP OF | | | | | bires: January 31, 2005 imated average den hours per ponse 0.5 | |
| obligation may conti <i>See</i> Instru 1(b). | nue. Section 17(a |) of the F | Public Ut | | ing Com | pany | Act of | f 1935 or Section | n | | |
| (Print or Type R | esponses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> Callicotte Lisa | | | 2. Issuer Name and Ticker or Trading Symbol U S GLOBAL INVESTORS INC [GROW] | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) (First) (Middle) 10431 CUB HAVEN (Street) | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/31/2014 | | | | | Director 10% Owner X Officer (give title Other (specify below) Chief Financial Officer | | | |
| | | | 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 | | | |
| SAN ANTO | NIO, TX 78251 | | | | | | | Form filed by M Person | fore than One Re | eporting | |
| (City) | (State) (| Zip) | Table | e I - Non-Do | erivative S | Securi | ties Acc | uired, Disposed of | f, or Beneficial | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Execution any | | 3. Transactio Code (Instr. 8) Code V | on(A) or Di (D) (Instr. 3, | spose | d of | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| Class A Common Stock | 07/31/2014 | 07/31/2 | 014 | J <u>(1)</u> | 198 | A | \$ 3.52 | 9,738 | 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

 (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactio Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | Date | Amou Unde Secur | le and unt of rlying ities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|-----------------------|---|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Addre | ess | Relationships | | | | | | |
|---|------------|---------------|-------------------------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| Callicotte Lisa 10431 CUB HAVEN SAN ANTONIO, TX 78251 | | | Chief Financial Officer | | | | | |
| Signatures | | | | | | | | |
| Lisa Callicotte | 08/01/2014 | | | | | | | |

**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) Purchase of restricted stock under Employee Stock Purchase Plan.

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.