FORM 4

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

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

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

| (Print or Ty | pe Response | s) | | | | | | | | | | | | | | | |
|--|---|-------------------------------------|-----------------------------|---|--|----------------|-----------------|-------|--|-----------------------|------------------------------|---|---|--|---|---|-------------|
| 1. Name and Address of Reporting Person * MELTZER CAROL | | | | | 2. Issuer Name and Ticker or Trading Symbol A-Mark Precious Metals, Inc. [AMRK] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director10% Owner | | | | |
| (Last) (First) (Middle) 429 SANTA MONICA BLVD., SUITE 230 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/06/2015 | | | | | | | X Officer (give title below) Other (specify below) General Counsel | | | | | |
| (Street) | | | | 4. If A | 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 | | | | | |
| | | , CA 90401 | | | | | | | | | | | | | | | |
| (City |) | (State) | (Zip) | | | Tab | ole I - | - Noi | ı-De | rivative | Securiti | es Acqu | ired, Disp | osed of, or I | Beneficially | Owned | |
| 1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea | | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | if (| Code (Instr. 8) | | (A) or Disposed (Instr. 3, 4 and | | d of (D) Benefi 5) Report | | ount of Securities icially Owned Following ted Transaction(s) 3 and 4) | | Ownership Form: | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | |) | Coo | de | V | Amount | (A) or (D) | Price | (| | | or Indirect (I) (Instr. 4) | |
| Common Stock, par value \$0.01 per share | | | 03/06/2015 | | | | S | | | 100 | D | \$ 10.04 | 50,801 | | | D | |
| Common Stock, par value \$0.01 per share | | | 03/06/2015 | | | | S | | | 834 | D | \$ 10.225 | 49,967 | 49,967 | | D | |
| Common Stock, par value \$0.01 per share | | | 03/06/2015 | | | | S | | | 166 | D | \$ 10.201 | 49,801 | | | D | |
| Common Stock, par value \$0.01 per share | | | 03/06/2015 | | | | S | | | 400 D \$ 10.3 | | \$ 10.37 | 49,401 | | D | | |
| Common Stock, par value \$0.01 per share | | | 03/10/2015 | | | | S | | | 2,000 | D | \$ 10.1 | 47,401 | | | D | |
| Reminder: | Report on a s | separate line f | for each class of secu | rities be | neficially | y ow: | ned c | | - | | | | | | | | |
| | | | | | | | | | con | tained i | n this f | orm ar | e not requ | | ormation spond unle trol numbe | SS | 1474 (9-02) |
| | | | Table II - | | | | | | | Disposed s, conver | | | lly Owned | | | | |
| | 2. Conversion or Exercise Price of Derivative Security | 3. Transactic Date (Month/Day | on 3A. Deemed Execution Day | 4. | | on N o I S A (| 5. | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. T Am Und Sec | Title and ount of derlying urities tr. 3 and | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Owners Form of Derivat Security Direct (or Indir | Beneficia Ownershi (Instr. 4) D) ect | |
| | | | | | Code | V (| (A) | (D) | Dat Exe | | Expirat Date | ion Titl | Amount or e Number of Shares | | | | |

Reporting Owners

| | Relationships | | | | | | | |
|--|---------------|--------------|-----------------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| MELTZER CAROL 429 SANTA MONICA BLVD. SUITE 230 SANTA MONICA, CA 90401 | | | General Counsel | | | | | |

Signatures

| /s/ Carol Meltzer | 03/10/2015 |
|----------------------------------|------------|
| ***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).

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.