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) | | | | | | | | | | | | | |
|--|---|------------------------|--|---|-------|---------|-----------|--|--------------------|---|---|--------------------------------------|--|---|--|
| Name and Address of Reporting Person Lepine Beverley | | | | 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) X Director 10% Owner | | | | |
| (Last) (First) (Middle) 429 SANTA MONICA BLVD., SUITE 230 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/02/2015 | | | | | | | Officer (give | title below) | Other | (specify below) | |
| (Street) | | | | 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 | | | | |
| SANTA | MONICA | , CA 90401 | | | | | | | | | | | Reporting Person | | |
| (Ci | ty) | (State) | (Zip) | | | | Tab | ole I - Non-Deri | vative Securit | ies Acquirec | l, Disposed | of, or Benef | icially Owned | | |
| (Instr. 3) Date | | | 2. Transaction Date (Month/Day/Yea | Execution Date, if | | | Co (In | (Instr. 3, 4 and 5) (A) or | | of (D) Ow Tra (Ins | Owned Following Reported Transaction(s) (Instr. 3 and 4) | | | orm: B birect (D) | . Nature f Indirect geneficial ownership (nstr. 4) |
| Reminder: | Report on a | separate line for each | h class of securities b | - Deriva | itive | Securit | ies A | Person in this to a curre | | required to B control r eficially Ow | respond ເ number. | | | | 174 (9-02) |
| | _ | T | 1 | | | | | nts, options, co | | | | 1 | I | 1 | 1 |
| 1. Title of Derivative Security (Instr. 3) | Conversion or Exercise Price of Derivative Security | | Execution Date, if | | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Form of Derivative Security: Direct (D) or Indirect | (Instr. 4) |
| | | | | Code | V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Stock Options (right to buy) | \$ 10.08 | 04/02/2015 | | A | | 1,000 | | 02/05/2016 | 04/01/2025 | Common Stock, par value \$0.01 per share | 1,000.00 | \$ 0 | 1,000 | D | |
| Stock Options (right to buy) | \$ 10.08 | 04/02/2015 | | A | | 1,000 | | 02/05/2017 | 04/01/2025 | Common Stock, par value \$0.01 per share | 1,000.00 | \$ 0 | 2,000 | D | |
| Stock Options (right to buy) | \$ 10.08 | 04/02/2015 | | A | | 1,000 | | 02/05/2018 | 04/01/2025 | Common Stock, par value \$0.01 per | 1,000.00 | \$ 0 | 3,000 | D | |

Reporting Owners

| | Relationships | | | | | |
|--|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| Lepine Beverley 429 SANTA MONICA BLVD. SUITE 230 SANTA MONICA, CA 90401 | X | | | | | |

Signatures

| /s/ Beverley Lepine | 04/20/2015 |
|---------------------------------|------------|
| **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.