## Edgar Filing: URANIUM ENERGY CORP - Form 4

URANIUM	ENERGY CORF	)									
Form 4											
May 01, 201											
FORM		STATE:	CECUD	TTIES A		<b>TT A</b> 1	NCE	COMMISSION		OMB APPROVAL	
	UNITED	STATES		hington,			NGE (	COMMISSION	OMB Number:	3235-0287	
Check thi	is box		vv as	anngton,	D.C. 20.	547				January 31	
if no long		MENT O	F CHAN	NGES IN BENEFICIAL OW SECURITIES				NERSHIP OF	Expires:	2005	
subject to Section 1	)								Estimated average burden hours per		
Form 4 o					Sheemines				response		
Form 5	Filed put	rsuant to	Section 1	6(a) of the	e Securit	ies E	xchang	e Act of 1934,			
obligation may cont				•	•	· ·		f 1935 or Section	n		
See Instru		30(h)	of the In	vestment	Compan	y Act	t of 194	40			
1(b).											
(Print or Type F	Pesnonses)										
(I find of Type I	(csponses)										
1. Name and A	ddress of Reporting	Person <sup>*</sup>	2. Issuer	Name and Ticker or Trading				5. Relationship of Reporting Person(s) to			
MELBYE SCOTT Symbol				Traine and Tieker of Training				Issuer			
			URANI	IUM ENERGY CORP [UEC]				(Check all applicable)			
(Last)	(First) (	Middle)	3. Date of	Earliest Tra	ansaction			(Cnec	к ан аррисави	e)	
			(Month/D				Director 10% Owner				
618 CLIFFGATE LANE 04/30			04/30/20	4/30/2015				XOfficer (give titleOther (specify below)			
								· · · · · · · · · · · · · · · · · · ·	ve Vice Presid	ent	
	(Street)		4. If Ame	ndment, Dat	e Original			6. Individual or Jo	oint/Group Filin	ng(Check	
				nth/Day/Year)				Applicable Line)			
								_X_ Form filed by C			
CASTLE R	OCK, CO 80108							Form filed by M Person	tore than One Ke	eporting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	Securi	ties Acq	uired, Disposed of	f, or Beneficial	lly Owned	
1.Title of	2. Transaction Dat	te 2A. Dee	emed	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year						d of	Securities	Form: Direct		
(Instr. 3)		any (Month)	/Day/Year)	Code (D) (Instr. 8) (Instr. 3, 4 and 5)			-	(D) or Indirect (I)	Beneficial Ownership		
		(Wonth)	Duy/ I cui)	(11301.0)	150.0) (mou. 5, 4 and 5)			Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
Common				Code V	Amount	(D)	Price	(			
Common Stock	04/30/2015			Р	2,200	А	\$ 2.25	14,700	D		
Common Stock	04/30/2015			Р	2,600	А	\$ 2.21	17,300	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.

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 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. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Under Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
	Director	10% Owner	Officer	Other				
MELBYE SCOTT 618 CLIFFGATE LANE CASTLE ROCK, CO 80108			Executive Vice President					
Signatures								
/s/ Scott Melbye 04	/30/2015							

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

\*\* 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.

\*\*Signature of

Reporting Person