FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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 37 | | | | | | | | | | | | | | | | | | |
|---|---------------|--------------------------|----------|-----------------------------------|--|-----------------------|---|---|---|--|-----------------------------|---|--|---|--------------------------|---|---------------------------|---|
| 1. Name and Address of Reporting Person * CLARK THOMAS P | | | | | 2. Issuer Name and Ticker or Trading Symbol PURE CYCLE CORP [pcyl] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director _X_ 10% Owner | | | | | | |
| (Last) (First) (Middle) C/O PURE CYCLE CORP, 8451 DELAWARE STREET | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/12/2003 | | | | | | | X Officer (give title below) Other (specify below) CEO | | | | | | |
| (Street) THORNTON, CO 80260 | | | | 4. If A | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) (State) (Zip) | | | | | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | |
| 1.Title of Security (Instr. 3) | | Date (Month/Day/Year) | | Execution any | | | (Instr. 8) | | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | Beneficially Owned Following Reported Transaction(s) Ownership of In Form: Ben | | neficial | | | | |
| | | | | | (Month/Day/Year) | | Code | | V Amo | Amount (A | | Price | (Instr. 3 and 4) | | | Direct (D) or Indirec (I) (Instr. 4) | Ownershi (Instr. 4) | |
| common | stock | | 08/12 | 2/2003 | 08/12/ | 2003 | S | | 1,000 | 000 | D | \$ 0.25 | 26,264 | ,854 | | D | | |
| Keiiiiidei. | Report on a s | separate line | for each | class of secu | urities be | neficially | owned | | | • | enon | d to t | he colle | ction of inf | ormation | SE(| 147 | 4 (9-02) |
| Kemmuer. | Report on a s | separate line | for each | | - Deriva | tive Secu | rities A | t cquire | Persons vontained the form of | /ho re in th lispla | is forr ys a c r Bene | m are currer | not requ tly valid | ction of inf uired to res OMB con | spond unle | ess | C 147 | 4 (9-02) |
| 1. Title of Derivative Security | • | 3. Transacti | ion | Table II - 3A. Deemed Execution D | - Deriva (e.g., pt | tive Securits, calls, | fities A warran 5. n Num of | ber vative rities irred or 50 seed (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e | Persons vontained | who retin the in the interview of the in | r Bene e secur | rn are current ficiall ities) 7. Tir Amo Unde Secu (Instru | not required the requirement of the end unt of the erlying | OMB conf | spond unle trol numbe | of 10. Owner Form of Securi Direct or Indi | ship of tive ty: (D) rect | 4 (9-02) 11. Natur of Indirect Beneficial Ownersh (Instr. 4) |

Reporting Owners

| | Relationships | | | | |
|---|---------------|--------------|---------|-------|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | |
| CLARK THOMAS P C/O PURE CYCLE CORP 8451 DELAWARE STREET THORNTON, CO 80260 | X | X | CEO | | |

Signatures

| Thomas P. Clark | 08/13/2003 |
|---------------------------------|------------|
| **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.