## 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

1. Name and Address of Reporting Person * AUGUR HARRISON H				2. Issuer Name and Ticker or Trading Symbol PURE CYCLE CORP [PCYO]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner							
(Last) (First) (Middle) P.O. BOX 4389				3. Date of Earliest Transaction (Month/Day/Year) 01/15/2018								Officer (give	title below)		er (specify bel	ow)		
(Street) ASPEN, CO 81611				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 - No	n-Deriv	vative !	Securities	s Acan	ired. I	Disnosed :	of, or Bene	ficially Own	ed	
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year			2A. Deemed Execution Date, if ear) any (Month/Day/Year)		f Code (Inst	Code (A) or D (Instr. 8) (Instr. 3,			ecurities Acquired or Disposed of (D) r. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			Form:	7. Nature of Indirect Beneficial			
				(Month/Day/ 1 ear)			ode	V A	mount	(A) or (D)	Price	(Instr. 3 and 4)			or Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
Common	Stock		01/15/2018				I	M	2	,500	A	\$ 7.5	15,83	33			D	
Common	Stock												10,00	00			I	By Patience Partners, LLC
Common	Stock												46,111				I	By Auginco
Common Stock											38,83	37			I	By 401(k) Plan		
Reminder: 1	Report on a se	eparate line for each	class of securities	- Derivat	ive S	Securi	ties Ac	quirec	Persons n this f lisplays	orm a s a cu sed of,	re not re rrently v or Benef	equire ralid O ficially	d to re	espond i ontrol n	unless the	ion contair form	ned SEC	1474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. 3. Transaction Date (Month/Day/Year) 3A. Deemed Execution Date, in any (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 2. 3A. Deemed Execution Date, in any (Month/Day/Year) 2. 3A. Deemed Execution Date, in any (Month/Day/Year) 2. 3A. Deemed Execution Date, in any (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 3. Transaction Da		(e.g., puts, calls, warrant  4. 5. Number  of Transaction Code Derivative  (Instr. 8) Securities  Acquired  (A) or  Disposed  of (D)  (Instr. 3, 4, and 5)			6. Date Exercisable and 7. Expiration Date of (Month/Day/Year) Se			7. Titl of Un Secur	's. Title and Amount of Underlying Securities Instr. 3 and 4)		(Instr. 5) B O Fe R	Derivative Securities Beneficially Owned Following Reported Transaction(s)	Owners Form o Derivat Security Direct ( or Indir	(Instr. 4)			
				Code	v	(A)	(D)	Date Exerc	cisable	Expi Date	ration	Title		Amount or Number of Shares				
Non- Statutory Stock Option (Right to Buy)	\$ 7.5	01/15/2018		М			2,500	01/1	5/2009	01/1	5/2018		mon ock	2,500	\$ 0	0	D	

### **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			

AUGUR HARRISON H			
P.O. BOX 4389	X		
ASPEN, CO 81611			

### **Signatures**

/s/ Harrison H. Augur, by Mark W. Harding as attorney-in-fact (see remarks)	01/17/2018
**Signature of Reporting Person	Date

### **Explanation of Responses:**

- $\star$  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) Auginco is a Colorado general partnership that is owned 50% by Mr. Augur and 50% by his wife.

#### Remarks:

Pursuant to a power-of-attorney filed as Exhibit 24 to a Form 4/A filed with the Commission on December 14, 2005.

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.