FORM	4
-------------	---

Check this box if no				
longer subject to				
Section 16. Form 4 or				
Form 5 obligations				
may continue. See				
Instruction 1(b).				

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

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

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 of 1 ype Responses)										
1. Name and Address of Reportin Mathewson David C.	ng Person [*]	2. Issuer Name and Ticker or Trading Symbol U.S. GOLD CORP. [USAU]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Last) (First) C/O U.S. GOLD CORPORA IDAHO STREET, SUITE 1	· · ·	3. Date of Earliest Transaction (Month/Day/Year) 01/16/2019				X Officer (give title below) Other (specify below) Vice President of Exploration				
(Street) ELKO, NV 89801	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			
(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 Date, if			(A) or Disposed of (D)		of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price		or Indirect (I) (Instr. 4)	(Instr. 4)
Common Shares	11/16/2018		А		13,889 (1)	А	\$ 0.9	659,255	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 SEC 1474 (9contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(<i>e.g.</i> , puts, calls, warrants, options, convertible securities)														
1. Title of				4.			6. Date Exer					9. Number of		11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	n of		and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	Der	vative	e (Month/Day/Year)		Underlying		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Secu	irities			Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				Acq	uired			(Instr	. 3 and		Owned	Security:	(Instr. 4)
	Security				(A)	or			4)			Following	Direct (D)	
					Disp	osed						Reported	or Indirect	
					of (I	D)						Transaction(s)	(I)	
					(Inst	tr. 3,						(Instr. 4)	(Instr. 4)	
					4, aı	and 5)								
										Amount				
							Date	Expiration		or				
							Exercisable		Title	Number				
							Excicisable	Date		of				
				Code V	(A)	(D)				Shares				

Reporting Owners

		Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Mathewson David C. C/O U.S. GOLD CORPORATION 1910 E. IDAHO STREET, SUITE 102-BOX 604 ELKO, NV 89801			Vice President of Exploration					

Signatures

/s/ David C. Mathewson	01/17/2019
**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).

(1) Represents shares of restricted common stock issued pursuant to the Issuer's Equity Incentive Plan in lieu of cash compensation pursuant to the terms of the reporting person's employment with U.S. Gold Corp., wherein the reporting person receives 75% of his salary in the form of common stock, issued pro rata on a monthly basis.

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.