FORM 4

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

OMB APPROVAL
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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

(Print or Ty	pe Response	s)													
1. Name and Address of Reporting Person* AMRON ARTHUR H				2. Issuer Name and Ticker or Trading Symbol MAMMOTH ENERGY SERVICES, INC. [TUSK]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director 10% Owner Officer (give title below) Other (specify below)					
(Last) (First) (Middle) C/O WEXFORD CAPITAL LP, 411 WEST PUTNAM AVENUE, SUITE 125				3. Date of Earliest Transaction (Month/Day/Year) 01/25/2019											
(Street) GREENWICH, CT 06830				4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person					
(City) (State) (Zip)			Table I - Non-Derivative Securities Acqui					ired, Disposed of, or Beneficially Owned							
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, any (Month/Day/Ye	if Coo	(Instr. 8)		(A) or Disposed of (D) (Instr. 3, 4 and 5)		of (i)	5. Amount of Securities Beneficially Owned Follor Reported Transaction(s) (Instr. 3 and 4)		ollowing	Ownership o Form: E Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
					С	ode	V	Amou	(A) or (D)	Price				(I) (Instr. 4)	
Restricted Stock Units (1) 01/25/2019				A		1,549 (1)	A	\$ 0	1,549		D				
Reminder: 1	Report on a s	separate line for		Derivative Secur	ities Ac	equire	Perso conta the fo	ons whained in	no respo n this fo splays a	rm are curre neficial	e not requ ntly valid	OMB con	ormation spond unle trol numbe	ss	1474 (9-02)
		I	1	e.g., puts, calls, v		ts, op						1		. 1	1
Security	2. Conversion or Exercise Price of Derivative Security	ise (Month/Day/	Execution Da any/Year)	4. Transaction Code Year) (Instr. 8)	f Transaction Number of Code of		(Month/Day/Year)		Ame Und Seco	itle and ount of lerlying urities tr. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form of Derivati Security Direct (or Indire	(Instr. 4)	
				Code V	(A)	(D)	Date Exerc		Expiratio Date	n Title	Amount or Number of Shares				

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director 1070	10% Owner	Officer	Other		
AMRON ARTHUR H C/O WEXFORD CAPITAL LP 411 WEST PUTNAM AVENUE, SUITE 125 GREENWICH, CT 06830	X					

Signatures

Arthur H. Amron	01/29/2019			
**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).

These securities are restricted stock units that were granted under the issuer's equity incentive plan, representing an annual non-employee director grant, pro-rated for the period beginning on January 25, 2019 and ending on June 7, 2019. These securities will vest on the earlier of June 7, 2019 or the date of the issuer's 2019 Annual Meeting of

(1) Stockholders. Each restricted stock unit represents a contingent right to receive one share of common stock, par value \$0.01 per share, of the issuer. These restricted stock units have been assigned to Wexford Capital LP under the terms of Mr. Amron's employment with Wexford Capital LP. As a result, Mr. Amron disclaims any interest in these restricted stock units, except for his pecuniary interest therein.

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.