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, 677 WASHINGTON BLVD., SUITE 500				3. Date of Earliest Transaction (Month/Day/Year) 06/02/2021													
(Street) STAMFORD, CT 06901				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 Acquired, Disposed of, or Beneficially Owned														
(Instr. 3)		2. Transaction Date (Month/Day/Year)			(Instr. 8)		ction	4. Securities Acquir (A) or Disposed of ((Instr. 3, 4 and 5)			(D)	Beneficially Owned Reported Transactio		ollowing	Form:	7. Nature of Indirect Beneficial	
				(Month/Day/Year			ode	V	Amou	or (D)		rice	(Instr. 3 a	nd 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock		06/02/2021				A		25,64 (1)	A A	\$	0	25,641 ⁽¹⁾			D		
Reminder:	Report on a s	separate line fo	r each class of secur Table II - 1	Derivative	Securit	ies Ac	quire	Personta conta the fo	ons wl ained i orm di sposed	ho resp in this f splays of, or B	form a cu senefi	are irrer	not requality valid	OMB conf	ormation spond unle trol numbe	ss	1474 (9-02)
	_	1		e.g., puts,	calls, wa		ts, op							1		. 1	1
Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/\)	Execution Da	Code	e .r. 8)	5. Numbor of Deriv Secur Acqu (A) or Disport of (D (Instr 4, and	rative rities ired rosed) . 3,	and Expiration Date (Month/Day/Year) A U So (I seed 3,)		Amo Unde Secu (Inst	tle and ount of erlying rities r. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form of Derivat Security Direct (or Indir	Beneficial Ownership (Instr. 4)		
				Coo	de V	(A)	(D)	Date Exer	cisable	Expirat Date	tion ,	Title	Amount or Number of Shares	nber			

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
AMRON ARTHUR H C/O WEXFORD CAPITAL LP 677 WASHINGTON BLVD., SUITE 500 STAMFORD, CT 06901	X					

Signatures

Arthur Amron	06/04/2021			
**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. These securities will vest on the earlier of June 2, 2022 and the date of the issuer's 2022 Annual Meeting of 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.