## 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

(Print or Ty	pe Response	s)													
Name and Address of Reporting Person *  Jacobi Paul M.				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					
(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 Person Form 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, i any (Month/Day/Yea	f Cod (Inst	ransade tr. 8)		(A) or	Disposed 3, 4 and 5  (A) or	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		ollowing	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock		06/02/2021			ode A	V	25,64 (1)	· /	Price \$ 0	25,641 <sup>(1)</sup>		(Instr. 4) D			
Reminder:	Report on a s	separate line fo		Derivative Securi	ties Ac	quire	Perso conta the fo	ons whained in	no responding this for splays a	orm ar curre	e not requently valid	OMB con	formation spond unle trol numbe	ss	1474 (9-02)
	_	I	`	e.g., puts, calls, w	1	ts, op						l	I		1
Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/	Year) Execution Day	4. Transaction Code (Instr. 8)	5. Numb of Derive Securi Acqui (A) or Dispo of (D) (Instr. 4, and	ber and Expiration Date (Month/Day/Year)  Autive rities irred or ossed  by a control of the property of the pr		Am Und Sec	ount of derlying urities str. 3 and Derivative Security (Instr. 5)		Derivative Securities Beneficially Owned Following Reported Transaction(s)	Owners Form of Derivat Security Direct ( or Indir	Ownership (Instr. 4)  D) ect		
				Code V	(A)	(D)	Date Exerc		Expiration Date	On Titl	Amount or e Number of Shares				

### **Reporting Owners**

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

### **Signatures**

/s/ Paul Jacobi	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. Jacobi's employment with Wexford Capital LP. As a result, Mr. Jacobi 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.