## 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)														
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 Officer (give title below) Other (specify below)						
(Last) (First) (Middle) C/O WEXFORD CAPITAL LP, 777 WEST PUTNAM AVE., 1ST FLOOR				3. Date of Earliest Transaction (Month/Day/Year) 06/29/2022												
(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		(Instr. 8)		(A) or Disposed of		of (D)	Beneficia	nt of Securities lly Owned Following Transaction(s)		Ownership Form:	7. Nature of Indirect Beneficial Ownership		
				(World and A	uy/ 1 ca		ode	V	Amou	(A) or (D)	Price				\ /	(Instr. 4)
Common Stock 06/29/2022		06/29/2022	A		A		45,66 (1)	2 A	\$ 0	45,662 (1)			D			
			r each class of secur Table II - I	Derivative	Securi	ties Ac	equire	Personta conta the fo	ons whained i	no respo n this fo splays a	rm ar curre neficia	e not requently valid	OMB con	ormation spond unle trol numbe	ss	1474 (9-02)
1. Title of	2	3. Transaction	,	e.g., puts, o	ealls, w	arran 5.	ts, op	1 – 1	conver ate Exer			itle and	8. Price of	9. Number o	of 10.	11. Natur
Derivative Security	Conversion or Exercise Price of Derivative Security	Date	Execution Da any	te, if Transaction Code (Instr. 8)				and Expiration Date (Month/Day/Year)		Am Und Sec	ount of derlying urities str. 3 and		Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form of Derivati Security Direct ( or Indire	hip of Indirect Beneficia Ownershi (Instr. 4)	
				Code	le V	(A)	(D)	Date Exer	cisable	Expiratio Date	on Titl	Amount or Number of Shares				

### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Amron Arthur H C/O WEXFORD CAPITAL LP 777 WEST PUTNAM AVE., 1ST FLOOR GREENWICH, CT 06830	X					

### **Signatures**

Arthur Amron	06/30/2022
**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 29, 2023 and the date of the issuer's 2023 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.