FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person*  Orlando Joseph J   |   |         |         |                                   |   | 2. Issuer Name and Ticker or Trading Symbol COLLECTORS UNIVERSE INC [ CLCT ] |              |        |  |         |      |   |        |             | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner |        |   |  |                 |   |  |
|--|---|---------|---------|-----------------------------------|---|--|--------------|--------|--|---------|------|---|--------|-------------|---|--------|---|--|-----------------|---|--|
| (Last)   | (Fin  | st) (M  | Middle) |                                   | 3. Date of Earliest Transaction (Month/Day/Year) 12/26/2017 |  |              |        |  |         |      |   |        |             | X   | Office | ,   | EO   | Other<br>below) | (specify  |  |
| P.O. BOX 6280  |   |         |         |                                   |   | 4. If Amendment, Date of Original Filed (Month/Day/Year)                     |              |        |  |         |      |   |        |             | 6. Individual or Joint/Group Filing (Check Applicable Line)                                   |        |   |  |                 |   |  |
| (Street)  NEWPORT BEACH  CA  92658   |   |         |         |                                   |   |  |              |        |  |         |      |   |        | X           | Form filed by One Reporting Person<br>Form filed by More than One Reporting<br>Person         |        |   |  |                 |   |  |
| (City)   | (Sta  | ate) (Z | ľip)    |                                   |   |  |              |        |  |         |      |   |        |             |   |        |   |  |                 |   |  |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned   |   |         |         |                                   |   |  |              |        |  |         |      |   |        |             |   |        |   |  |                 |   |  |
| 1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day/   |   |         |         |                                   |   | Execution Date,  |              |        | 3. Transaction Code (Instr. 8)  4. Securities Acquired (Disposed Of (D) (Instr. 3 and 5) |         |      |   |        |             | 3, 4 Secu   |        | cially<br>I   | Form<br>(D) o  | rect (I)        | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|  |   |         |         |                                   | Code  | v  | Amount       |        | (A) or<br>(D)  | Price   |      | Reported<br>Transaction(s)<br>(Instr. 3 and 4)  |        | (.11301. 4) |   | (      |   |  |                 |   |  |
| Common   | 12/26/2   | 2017    |         |                                   |   | <b>A</b> <sup>(1)</sup>  |              | 12,654 | (1)  | A       | \$0  |   | 40,779 |             |   | D      |   |  |                 |   |  |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |   |         |         |                                   |   |  |              |        |  |         |      |   |        |             |   |        |   |  |                 |   |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)  | Derivative Conversion Date<br>Security or Exercise (Month/Day/Year) |         |         | emed<br>tion Date,<br>n/Day/Year) | 4.<br>Transaction<br>Code (Instr.<br>8)                     |  | 5. Number of |        | 6. Date Exercisable and Expiration Date (Month/Day/Year)                                 |         |      | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Inst<br>3 and 4) |        | ount        | 8. Price of Derivative Security (Instr. 5)  |        | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. |                 | 11. Nature of Indirect Beneficial Ownership (Instr. 4)            |  |
|  |   |         |         |                                   | Code  | V  | (A)          | (D)    | Exercisal  | ole   I | Date | Title   | Sha    | res         |   |        |   |  |                 |   |  |

## Explanation of Responses:

1. Grant of restricted shares that are subject to forfeiture in the event of a cessation of service with the Company. The shares will cease to be subject to the risk of forfeiture (and, therefore, will become vested) as to 5,272, 5,272 and 2,110 of those shares on June 30, 2018, June 30, 2019, and June 30, 2020, respectively, provided that the reporting person is still in the service of the Company on such date.

<u>/s/ Joseph J. Orlando</u> <u>12/28/2017</u>

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.