

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

OMB APPROVAL				
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nours per response	e 0.5			

INITIAL STATEMENT OF 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 Type Responses)									
Name and Address of Reporting Person* Ottmann Susan	2. Date of Event Requiring Statement (Month/Day/Year) — 06/02/2021			3. Issuer Name and Ticker or Trading Symbol Clarus Corp [CLAR]					
(Last) (First) (Middle) C/O CLARUS CORPORATION, 2084 EAST 3900 SOUTH			4. Relationship of Issuer (Check X Director	Reporting Person all applicable)	Filed(Mor	5. If Amendment, Date Original Filed(Month/Day/Year)			
(Street) SALT LAKE CITY, UT 84124					Officer (give tit below)		6. Individual Applicable X Form	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 Beneficially Owned							
1.Title of Security (Instr. 4)	2. Amount of Sec Beneficially Own (Instr. 4)			ned		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock, par value \$0.0001 per s	on Stock, par value \$0.0001 per share 0					D			
Reminder: Report on a separate line for each class Persons who respounless the form dis	nd to the c plays a cur	ollection rently val	of info	ormatio IB cont	n contained in t rol number.		·		
Table II - Derivati								T [']	
	2. Date Exercisable and Expiration Date (Month/Day/Year) 3. Title and Securities USecurity (Instr. 4)		rities Un rity	mount of derlying Derivativ	Price of Derivative	5. Ownership Form of Derivative Security: Direct	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
	Date Exercisable	Expiration Date	Title	Amoun Shares	t or Number of	Security	(D) or Indirect (I) (Instr. 5)		

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Ottmann Susan C/O CLARUS CORPORATION 2084 EAST 3900 SOUTH SALT LAKE CITY, UT 84124	X				

Signatures

/s/ Susan Ottmann	06/04/2021
**Signature of Reporting Person	Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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.

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.