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

OMB APPROVAL						
OMB Number:	3235-0287					
Stimated average burden						
ours per respons	e 0.5					

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	es)														
1. Name and Address of Reporting Person * SOKOLOW NICOLAS				2. Issuer Name and Ticker or Trading Symbol Clarus Corp [CLAR]						:	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Middle) 6020 SHORE BOULEVARD SOUTH, #801				3. Date of Earliest Transaction (Month/Day/Year) 11/13/2017						_	Officer	(give title belo	w)	Other (specify	below)	
(Street)				4. If Am	4. If Amendment, Date Original Filed(Month/Day/Year)						r) (6. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting Person Form filed by More than One Reporting Person				
GULPOR (City	RT, FL 337	(State)	(Zip)													
		(State)	1											Beneficially	Owned	
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr. 8)		tion	(A) or Disposed of (Instr. 3, 4 and 5)		of (D)	(D) Seneficially Ow Reported Transa (Instr. 3 and 4)		Following	Form:	7. Nature of Indirect Beneficial Ownership		
				<i>-</i>		ode	v	Amoun	` ′	Price		· ,		or Indirect (I) (Instr. 4)	(Instr. 4)	
Common	Stock		11/13/2017				P		5,076		\$ 7.26 (1)	70,076	0,076			
Common	Stock											55,425			I	See Footnote (2) (4)
Common	Stock											377,567			I	See Footnote (3) (4)
Reminder: indirectly.	Report on a	separate line f	or each class of secu	urities ben	eficially	owned					and 4a	the celle	otion of in	.fo.umodiou		EC 1474 (0
								cont	ained i	n this fo	orm are	not req	uired to re	formation espond un ntrol numb	less	EC 1474 (9- 02)
			Table II - I	Derivative e.g., puts,								ly Owned	l			
	Conversion	3. Transaction Date (Month/Day/Yea	Year) Execution Da	tte, if Transaction Code Year) (Instr. 8)		of		r 6. Date Exercisable and Expiration Date (Month/Day/Year)		on Date	Amo Undo Secu	itle and bunt of erlying urities r. 3 and		9. Number o Derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	Owners Form o y Derivat Security Direct (or Indir	Ownership (Instr. 4) D) ect
				Code	ode V	(A)	(D)	Date Exe	e rcisable	Expiration Date	on Title	Amount or Number of Shares				
Repor	ting O	wners														

Power Community (Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
SOKOLOW NICOLAS 6020 SHORE BOULEVARD SOUTH #801 GULPORT, FL 33707	X					

Signatures

/s/ Nicolas Sokolow	11/15/2017
**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).
 - This transaction was executed in multiple trades at prices ranging from \$7.15 to \$7.27. The price reported above reflects the weighted average purchase price. The
- (1) Reporting Person hereby undertakes to provide upon request to the SEC staff, the Issuer or a stockholder of the Issuer full information regarding the number of shares and prices at which the transaction was effected.
- (2) The securities reported herein are owned by Madetys Investments, LLC, a limited liability company of which the Reporting Person is the general manager.
- (3) The securities reported herein are owned by ST Investors Fund, LLC, a limited liability company of which the Reporting Person is the general manager.
- (4) The Reporting Person disclaims beneficial ownership of the securities described in this statement, except to the extent of his pecuniary interest in such securities.

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.