# FORM 3

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

Washington, D.C. 20549

#### INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL					
OMB	3235-				
Number:	0104				
Estimated average					
burden hours per	•				
response	0.5				

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)											
1. Name and Address of Reporting Person *-		2. Date of Event Requiring Statement		-	3. Issuer Name and Ticker or Trading Symbol Clarus Corp [CLAR]						
Walbrecht John		th/Day/Year	)	Ciaras	orp [	·CL/ IICj					
(Last) (First) (Middle C/O CLARUS CORPORATION, 2084 EAST	e)	Person(s) to (Check Director X_Officer (gittle below)			4. Relationship of Reporting Person(s) to Issuer (Check all applicable)				5. If Amendment, Date Original Filed(Month/Day/Year)		
3900 SOUTH					or	10% O					
(Street)								6. Individual or Joint/Group Filing(Check Applicable Line)			
SALT LAKE CITY, UT 84124	1								_X_Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City) (State) (Zip)		Tal	ble I -	- Non-Deriv	ative	e Securitie	s Bene	eficially	Owned		
1.Title of Security (Instr. 4)		2. Amount of Beneficially (Instr. 4)		nt of Securities Ily Owned	Fo (I In	wnership	(Instr. 5)		lirect Beneficial		
Common Stock, par value \$0.0	60.0001 per share 142,351					D					
Reminder: Report on a separate line  Persons who not required number.	respond	to the colle	ection	n of informat	ion c	ontained i	n this				
Table II - Derivative Se			1					nvertibl			
(Instr. 4) and E		Expiration Date h/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		Conversion or Exercise Price of	e Forn Deri	vnership rm of rivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
	Date Exercisable	Expiration Date	Title	Amount or No	ımber	Security		urity: ect (D) ndirect tr. 5)			
Reporting Owners											
Reporting Owner Name / Address		Relationships									
Reporting Owner Name / Address	Director	10% Owne	r Offi	icer	Other						
Walbrecht John C/O CLARUS CORPORATIO	N		PI	RESIDENT							

## **Signatures**

2084 EAST 3900 SOUTH SALT LAKE CITY, UT 84124

/s/ John Walbrecht	03/13/2018
**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.