# FORM 4

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

OMB APPROVAL
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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 * FRANKLIN JAMES M.    |   |                                 |  |                  | 2. Issuer Name and Ticker or Trading Symbol UR-ENERGY INC [URG] |    |        |        |   |                    |  |   | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner |   |   |                                  |          |
| (Last) (First) (Middle)<br>10758 W. CENTENNIAL ROAD, SUITE 200 |   |                                 |  |                  | 3. Date of Earliest Transaction (Month/Day/Year) 05/31/2019     |    |        |        |   |                    |  |   | Office  | r (give title belo  | ow)   | Other (specify                   | pelow)   |
| (Street)   |   |                                 |  | 4. I             | 4. If Amendment, Date Original Filed(Month/Day/Year)            |    |        |        |   |                    | 6. Individual or Joint/Group Filing(Check Applicable Line)  _X_Form filed by One Reporting Person Form filed by More than One Reporting Person |   |   |   |   |                                  |          |
|  | ΓON, CO   |                                 |  |                  |   |    |        |        |   |                    |  |   |   |   |   |                                  |          |
| (City  | )   | (State)                         | (Zip)                                  |                  |   | Ta | ble I  | - Nor  | ı-Der   | rivative           | Securities   | Acqui   | ired, Disp  | osed of, or I   | Beneficially                                    | Owned                            |          |
| 1.Title of Security<br>(Instr. 3)                              |   |                                 | 2. Transaction<br>Date<br>(Month/Day/Y | ear) Execution   | 2A. Deemed<br>Execution Date, if                                | ĺ  |        |        | tion 4. Securities Acquire<br>(A) or Disposed of (<br>(Instr. 3, 4 and 5) |                    | of (D)   | Beneficia   | nt of Securities<br>ally Owned Following<br>Transaction(s)                                    |   | 6.<br>Ownership<br>Form:                        | 7. Nature of Indirect Beneficial |          |
|  |   |                                 | (Mo                                    | (Month/Day/Year) |   |    | ode    | V      | Amoun   | (A)<br>or<br>t (D) | Price  | (Instr. 3 and 4)  |   | Direct (D)<br>or Indirect<br>(I)<br>(Instr. 4)  | ndirect (Instr. 4)                              |                                  |          |
| Common   | Shares  |                                 | 05/31/2019                             |                  |   |    |        | S      | ·   | 50,000             |  |   | 612,561   | <u> </u>  |   | D                                |          |
|  |   |                                 | Table                                  |                  |   |    |        | quire  | the f   | form dis           | splays a<br>of, or Ben   | curre<br>eficial  |   | OMB conf  | spond unle<br>trol numbe                        |                                  |          |
| 1 Title of   | 12  | 2 T                             | 24 D                                   |                  | puts, call  |    |        | ts, op |   |                    | tible secu   |   | 241 3   | 0 D.:   | 0. M  | - C 10                           | 11 Notes |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)            | Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date (Month/Day/ | Year) Execution Da                     | n Date, if       | te, if Transaction<br>Code<br>Year) (Instr. 8)                  |    | Number |        | 6. Date Exercisable<br>and Expiration Date<br>(Month/Day/Year)            |                    | Amo<br>Und<br>Secu   | itle and<br>ount of<br>lerlying<br>urities<br>tr. 3 and | Derivative<br>Security<br>(Instr. 5)  | 9. Number of<br>Derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s<br>(Instr. 4) | Owners Form o Derivat Securit Direct ( or Indir | Beneficia Ownershi (Instr. 4)    |          |
|  |   |                                 |  |                  | Code  | V  | (A)    | (D)    | Date<br>Exer  | e<br>rcisable      | Expiration<br>Date   | n<br>Title  | Amount or Number of Shares  |   |   |                                  |          |

### **Reporting Owners**

|   | Relationships |              |         |       |  |  |
|---|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address  | Director      | 10%<br>Owner | Officer | Other |  |  |
| FRANKLIN JAMES M.<br>10758 W. CENTENNIAL ROAD, SUITE 200<br>LITTLETON, CO 80127 | X             |              |         |       |  |  |

## **Signatures**

| /s/ L. Charles Laursen, L Charles Laursen pursuant to Power of Attorney | 06/03/2019 |
|---|------------|
| **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).

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.