FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | |
| 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 * Graff Richard P | | | | | 2. Issuer Name and Ticker or Trading Symbol DMC Global Inc. [BOOM] | | | | | | | | | | tionship of R all applicabl Director | | erson | (s) to Issuer | /ner |
|--|--|--|--|--------|--|---|--|-----|--|---|------------------|--|----------|--|---|--|--------|--|--|
| (Last) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/12/2021 | | | | | | | | | Officer (g below) | ive title | | Other (s below) | pecify |
| C/O DMC GLOBAL INC. 11800 RIDGE PARKWAY, SUITE 300 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indiv | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (Street) BROOMFIEL (City) | D CO (State) | |)021 ip) | | | | | | | | | | | | Form filed | d by More | than C | ne Reportin | g Person |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| Date | | | | | nsaction h/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Dispose Code (Instr. | | | ities Acqu d Of (D) (Ir | | | nd 5) Securities Beneficiall Following | | Form | : Direct (D) lirect (I) : 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | Code | v | Amount | Amount (A) or (D) | | Price | (Instr. 3 and | | | | (Instr. 4) |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year | te, Ti | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | c | ode | v | (A) | (D) | Date Exercisab | | xpiration ate | Title | | Amount or Number of Shares | | (Instr. 4) | (0) | | |
| Deferred Stock | (1) | 05/12/2021 | | | A | | 1,888 | | 05/12/202 | 2 | (2) | Comm Stock | | 1,888 | \$0 | 1,888 | 3 | D | |

Explanation of Responses:

- 1. Each vested share of Deferred Stock represents the right to receive one share of the Issuer's common stock.
- 2. The Deferred Stock will be delivered to the reporting person in a lump sum upon separation from service. The reporting person may transfer the Deferred Stock into an alternative investment six months and one day following vesting of the Deferred Stock.

Remarks:

/s/ Andrew Nelson, by Power of Attorney

** Signature of Reporting Person

05/14/2021

Date

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

- * 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.