Instruction 1(b)

FORM 5

Form 3 Holdings Reported.

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPR | OVAL | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0362 | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: | 1.0 | | | | | | |

| Form 4 Transactions Reported. 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* RALEY JAMES E | | | | 2. Issuer Name and Ticker or Trading Symbol DORCHESTER MINERALS LP [DMLP] | | | | | | | 5. Relationship of Report (Check all applicable) X Director | | | | ting Person(s) to Issuer 10% Owner | | | |
| (Last) (First) (Middle) 3738 OAK LAWN AVENUE SUITE 300 | | | | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2003 | | | | | | /Year) | X Officer (give title Other (specify below) Chief Operating Officer | | | | | | specify | |
| (Street) DALLAS (City) | S TX | | '5219 Zip) | 4. If Amen | 4. If Amendment, Date of 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 | | | | | | | | | n | | | | |
| | | Tabl | e I - Non-Deriv | ative Sec | uritie | s Ac | quire | ed, Di | sposed | of, or | Benefici | ially | y Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5) | | or Disposed | 5. Amoun Securities Beneficia Owned at | | es Own ally Form | | nership Ind n: Direct Be | | . Nature of idirect eneficial wnership | | | |
| | | | | (wondinbayrrear) | | " | | Amour | nt | (A) or (D) | A) or D) Price | | Issuer's Fiscal Year (Instr. 3 and 4) | | Indirect (I) (Instr. 4) | | (Instr. 4) | |
| Common Units | | | 04/14/2003 | 04/14/2003 | | G | G | | ,706 | D | D (1) | | 14,706 | | | I S F | | e otnote ⁽¹⁾ |
| 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) | 4. Transaction Code (Instr. 8) | 5. Nu of Deriv Secu Acqu (A) of Dispo of (D) (Instr and 5 | rities lired r osed) : 3, 4 | Expira (Monti tive tites ed ased as, 4 | | te Exercisable and ation Date th/Day/Year) Expiration Date | | le and unt of rities ritylying rative rity (Instr. 3 1) Amount or Number of Shares | nt er | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownersh Form: Direct (D or Indire (I) (Instr. | nip () (ct | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

1. Mr. Raley gifted all of his common units to the Linda S. Raley Trust. Mr. Raley is the trustee of the Linda S. Raley Trust.

<u>James E. Raley</u>
** Signature of Reporting Person

02/17/2007

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.