FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

Check this box if no longer subject to	STATEMENT OF CH
Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(b).	Filed pursuant to Se

ANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 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

Name and Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol DORCHESTER MINERALS, L.P. DMLP									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
ALLEN H C JR					DOTO:::::::::::::::::::::::::::::::::::							1	X Dire		ctor	10	10% Owner			
<i>a</i>					-									_	X	Offic belov	er (give title		Other (specify below)	
(Last)	(Fii	rst) (Middle)				of Earlies 2012	st Trans	action (M	lonth/	Day/Year)						_{w)} Chief Fina		,	
	K LAWN				03/	13/2	2012										Ciller Fillal	iiciai Oilic	21	
SUITE 3	00																			
(Stroot)					4. If	Ame	mendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) DALLAS	5 ТУ	ζ 7	75219												X	Form filed by One Reporting Person				
																Forn Pers	n filed by More than One Reporting			
(City)	(St	ate) (Zip)																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Date			2. Transa Date (Month/E	nsaction h/Day/Year)		2A. Deemed Execution Date, r) if any		Transaction Disp Code (Instr. 5)		Disposed	ecurities Acquired (A) osed Of (D) (Instr. 3, 4				Beneficially		6. Ownershi Form: Direct (D) or Indire	t c	7. Nature of Indirect Beneficial	
						-	(Month/Day/Year)		8)	8)		_			Repo			(I) (Instr. 4)		Ownership (Instr. 4)
									Code	v	Amount		(A) or (D)	Pric	e		action(s) 3 and 4)		\perp	
Common Units			05/15	05/15/2012				P		500		A	\$23		1	52,040	D ⁽¹⁾	Т		
Common Units			05/16	5/2012				P		500		A	\$22.95		1	52,540	D ⁽¹⁾	T		
Common	Units	S													26,	830.022	D ⁽²⁾	Т		
Common	ommon Units															5,531			.(3)	
Common	Units																3,224	I		.(4)
		Та									sed of,					wned				
						ans					onvertib	_			_				_	
1. Title of Derivative Security 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date Execution Date, if any (Month/Day/Year) (Month/Day/Year) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 4. Transaction Date, if any (Month/Day/Year)					ion of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersi Form: Direct (E or Indire (I) (Instr.	nip 0 E O) (0 ct (11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code V		(A)				Expiration Date	Amoun or Numbe of Title Shares		mber						

Explanation of Responses:

- 1. These common units are held jointly by Mr. Allen and his spouse in a family trust.
- 2. These common units are held by Mr. Allen in his individual name, IRA or Keogh Plan.
- 3. Mr. Allen disclaims beneficial ownership of those common units owned by SAM Partners Management, Inc. in which he does not have a pecuniary interest. Mr. Allen is the Secretary and a shareholder of SAM Partners Management, Inc.
- 4. Mr. Allen disclaims beneficial ownership of those common units owned by Smith Allen Oil & Gas, Inc. in which he does not have a pecuniary interest. Mr. Allen is the Secretary and a shareholder of Smith Allen Oil & Gas, Inc.

05/17/2012 H.C. Allen, Jr.

** Signature of Reporting Person

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.