

SECURITIES AND EXCHANGE COMMISSION

FORM 3

Filing Date: **2013-01-11** | Period of Report: **2013-01-01**
SEC Accession No. [0001104659-13-002107](#)

(HTML Version on secdatabase.com)

REPORTING OWNER

Owiredu Daniel

CIK: **1566644**

Type: **3** | Act: **34** | File No.: **001-12284** | Film No.: **13526252**

Mailing Address
*10901 W. TOLLER DRIVE,
SUITE 300
LITTLETON CO 80127*

ISSUER

GOLDEN STAR RESOURCES LTD

CIK: **903571** | IRS No.: **980101955** | Fiscal Year End: **1231**

SIC: **1040** Gold and silver ores

Mailing Address	Business Address
<i>10901 WEST TOLLER DRIVE SUITE 300 LITTLETON CO 80127</i>	<i>10901 WEST TOLLER DRIVE SUITE 300 LITTLETON CO 80127 3038309000</i>

FORM 3

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

OMB APPROVAL	
OMB Number:	3235-0104
Expires:	02/28/2011
Estimated average burden hours per response	0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person <u>Owiredu Daniel</u> _____ (Last) (First) (Middle) _____ 10901 WEST TOLLER DRIVE, SUITE 300 _____ (Street) _____ LITTLETON, CO 80127 _____ (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 01/01/2013	3. Issuer Name and Ticker or Trading Symbol <u>GOLDEN STAR RESOURCES LTD [GSS]</u>
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) _____ Director _____ 10% Owner <input checked="" type="checkbox"/> Officer (give title below) _____ Other (specify below) <u>Exec Vice President Operations</u>
		5. If Amendment, Date Original Filed (Month/Day/Year) _____ 6. Individual or Joint/Group Filing (Check applicable line) <input checked="" type="checkbox"/> Form Filed by One Reporting Person _____ Form Filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Common Share Options (Right to Buy)	(L)	10/26/2016	Common Shares	106,000	\$3.15 ⁽²⁾	D	
Common Share Options (Right to Buy)	(L)	02/02/2017	Common Shares	4,342	\$3.95 ⁽²⁾	D	
Common Share Options (Right to Buy)	(L)	03/20/2018	Common Shares	91,000	\$3.5 ⁽²⁾	D	
Common Share Options (Right to Buy)	(L)	03/05/2019	Common Shares	90,000	\$1.7 ⁽²⁾	D	
Common Share Options (Right to Buy)	(L)	03/11/2020	Common Shares	75,000	\$3.53 ⁽²⁾	D	
Common Share Options (Right to Buy)	(L)	03/09/2021	Common Shares	100,000	\$2.83 ⁽²⁾	D	
Common Share Options (Right to Buy)	(L)	02/13/2017	Common Shares	149,000	\$2.02 ⁽²⁾	D	
Common Share Options (Right to Buy)	(L)	05/10/2022	Common Shares	75,000	\$1.39 ⁽²⁾	D	

Explanation of Responses:

1. The options vest 25% on grant and 25% on each of the first, second and third anniversaries of the grant date.
2. Prices are expressed in Canadian dollars.

Signatures

/s/ Roger Palmer for Daniel Owiredu Pursuant to Power of Attorney

** Signature of Reporting Person

01/11/2013

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.