FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF 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

OMB API	PROVAL					
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1. Name and Address of Reporting Person* GANTZ CHRISTOPHER		2. Date of Event Requiring Statement (Month/Day/Year)		3. Issuer Name and Ticker or Trading Symbol KOSS CORP [KOSS]						
(Last)	(First)	(Middle)	05/01/2003		Relationship of Reporting Perso (Check all applicable) Director	10% Owner Other (specify below)		5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) (City)	(State)	(Zip)			X Officer (give title below) VP, Communication			6. Individual or Joint/Group Filing (Check Applicable Line) X 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)				. 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)			
Common Stock				15,900	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
Expira (Monti		2. Date Exerc Expiration Day/ (Month/Day/	ate	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4		4. Conversi	ise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
		Date Exercisable	Expiratior Date	n Title	Amount or Number of Shares	Price of Derivativ Security				

Explanation of Responses:

Christopher Gantz

06/03/2003

** 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 5 (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.