Edgar Filing: Gevo, Inc. - Form 4

Gevo, Inc.													
Form 4													
July 12, 2016)												
FORM	4										PPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287				
Check thi										Expires:	January 31,		
if no long subject to		EMENT O	F CHAN	GES I	GES IN BENEFICIAL OWNE				NERSHIP OF		2005 d average		
Section 10		SECURITIES						Estimated average burden hours per					
Form 4 or	•									response 0.5			
Form 5 obligation	· · · · · · · · · · · · · · · · · · ·							-	e Act of 1934,				
may conti				•		•	- ·		f 1935 or Section	n			
<i>See</i> Instru 1(b).		30(h)) of the In	vestme	ent (Compan	y Act	: of 194	40				
(Print or Type R	esponses)												
1 Name and A	ddress of Penorti	ng Derson *	2.1	N	1	T . 1	.		5 Pelationship of	Paparting Dar	son(s) to		
1. Name and Address of Reporting Person * 2. Issuer Name and Tic Roda Gregory Symbol					licker or	Ticker or Trading 5. Relationship of Reporting Person(s) to Issuer							
e , symbol				ng [GEVO]									
									ck all applicable)				
				te of Earliest Transaction					D '	100	0		
345 INWERI	NESS DRIVE		(Month/D 07/12/20	h/Day/Year)					Director 10% Owner X Officer (give title Other (specify				
	JILDING C, S		0//12/20	510					below)	below)			
500 m, 50		0112 510							Chief C	ommercial Off	icer		
(Street) 4. If Ame			4. If Ame	Amendment, Date Original					6. Individual or Joint/Group Filing(Check				
Filed(Mon				Aonth/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person				
ENCLEWO	OD CO 9011	2								Jore than One Re			
ENGLEWO	OD, CO 8011	2							Person		1 0		
(City)	(State)	(Zip)	Table	e I - Noi	n-De	erivative S	Securi	ties Acc	uired, Disposed of	f, or Beneficial	ly Owned		
1.Title of	2. Transaction I	Date 2A. Dee	emed	3.					5. Amount of	6. Ownership			
Security	(Month/Day/Ye		on Date, if	Transaction(A) or Disposed of					Securities	Form: Direct			
(Instr. 3)		-	any (Month/Day/Year)		Code (D) (Instr. 8) (Instr. 3, 4 and 5)			5)	Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership		
		(infolition	Duj, i cui)	(11001.0) ((msu. 5, + and 5)		Following	(Instr. 4)	(Instr. 4)			
							(A)		Reported				
							or		Transaction(s)				
				Code	V	Amount	(D)	Price	(Instr. 3 and 4)				
Common Stock	07/12/2016			S <u>(1)</u>		16	D	\$ 0.58	8,541	D			

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

Edgar Filing: Gevo, Inc. - Form 4

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Roda Gregory 345 INVERNESS DRIVE SOUTH BUILDING C, SUITE 310 ENGLEWOOD, CO 80112			Chief Commercial Officer					
Signatures								
/s/ Geoff Williams, as Attorney in Fact	07/12/	/2016						
**Signature of Reporting Person	Dat	e						
Explanation of Responses:								

- * 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).
- (1) Shares were sold to satisfy certain tax obligations of the reporting person triggered by the vesting of shares of restricted common stock. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted June 12, 2015.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.