### Edgar Filing: Gevo, Inc. - Form 4

Gevo, Inc.											
Form 4	015										
October 14, 2	015								<u></u>		
FORM	<b>4</b>		CECUD		NID EV(	<b></b>		COMMERCION	т	PPROVAL	
	- UNITE	DSTATES			ND EXC D.C. 205		NGE	COMMISSION	OMB Number:	3235-0287	
Check this	s box		vv as	inington,	D.C. 20.	<b></b>				January 31,	
if no longe	er STAT	EMENT O	F CHAN	GES IN	BENEFI	CIA	LOW	<b>NERSHIP OF</b>	Expires:	2005	
subject to Section 16	<u>.</u>	SECURITIES							Estimated average burden hours per response 0.5		
Form 4 or											
Form 5		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,									
obligation may contin				•	•	- ·		of 1935 or Sectio	n		
See Instru		30(h)	of the Inv	vestment	Company	y Act	of 19	40			
1(b).											
(Print or Type R	esponses)										
1. Name and Ac	ldress of Reporti	ing Person <sup>*</sup>	2. Issuer	Name and	Ticker or	Tradin	g	5. Relationship of	f Reporting Per	son(s) to	
Ryan Christopher MichaelSymbolIssuer											
			Gevo, In	c. [GEV	0]			(Chec	ck all applicable	<b>a</b> )	
(Last)	(First)	(Middle)	3. Date of	Earliest Tr	ansaction			(ener	ek an appliedok	()	
			(Month/Da	ay/Year)				Director		6 Owner	
			10/12/20	0/12/2015				X_ Officer (give title Other (specify below) below)			
	TH, BUILDI	NG C,						· · · · · · · · · · · · · · · · · · ·	sident and COO	)	
SUITE 310											
	(Street)				te Original			6. Individual or Jo	oint/Group Fili	ng(Check	
			Filed(Mon	th/Day/Year	)			Applicable Line) _X_ Form filed by	One Reporting P	Preon	
ENGLEWO	OD, CO 8011	2							More than One Re		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of	2. Transaction	Date 2A. Dee	emed	3.	4. Securi			5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Y		on Date, if		onAcquirec			Securities	Form: Direct	Indirect	
(Instr. 3)		any (Month	CodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)				Beneficially Owned	. /	Beneficial Ownership		
					(		- /	Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported Transaction(s)			
						or		(Instr. 3 and 4)			
Common				Code V	Amount	(D)	Price ¢				
Common Stock	10/12/2015			S <u>(1)</u>	121	D	\$ 2.1	30,695	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)

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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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	;	ate	Amou Under Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
Ryan Christopher Michael							
GEVO, INC., 345 INVERNESS DRIVE SOUTH			President				
BUILDING C, SUITE 310			and COO				
ENGLEWOOD, CO 80112							
Signaturaa							

## Signatures

/s/ Brett Lund,	10/12/2015		
Attorney-in-fact	10/12/201		
**Signature of Reporting Person	Date		

## **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 such restricted stock shares. 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.