FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 APPROVAL 0005 000

| OWB NUMBER. | 3235-0287 |
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| 1. Name and Address of Reporting Person [*] Gruber Patrick R. | | n* | 2. Issuer Name and Ticker or Trading Symbol Gevo, Inc. [GEVO] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|-------------|----------|---|---|-----------------------------------|-------------------|--|--|--|
| Gruber Patric | <u>K R.</u> | | <u></u> [] | X | Director | 10% Owner | | | |
| | | | | x | Officer (give title | Other (specify | | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) | | below) | below) | | | |
| GEVO, INC., 345 INVERNESS DRIVE SOUTH | | | 11/14/2016 | | Chief Executive Officer | | | | |
| BUILDING C, S | UITE 310 | | | | | | | | |
| | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | idual or Joint/Group Filing | (Check Applicable | | | |
| (Street) | | | | Line) | | | | | |
| ENGLEWOOD | СО | 80112 | | X | Form filed by One Repo | rting Person | | | |
| | | | | | Form filed by More than Person | One Reporting | | | |
| (City) | (State) | (Zip) | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Code (| | 4. Securities Disposed Of 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|-------------------------|---|------------------------------------|---|---------------|---|---|---|
| | | | Code | v | Amount (A) or (D) Price | | Price | Transaction(s) (Instr. 3 and 4) | | (|
| Common Stock | 11/14/2016 | | S ⁽¹⁾ | | 108 | D | \$0.44 | 45,748 | D | |

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

| | 1 | 1 | | 1 | | | | | | | | | | |
|---|---|--|---|------------------------------|---|--|---|---------------------|---|-------|---|--|--|--|
| 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. Transa Code (8) | | of Deriv Secu Acqu (A) or Dispo of (D) | Derivative (Month/Day/Year) Securities Acquired A) or Disposed of (D) Instr. 3, 4 | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | |

Explanation of Responses:

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.

Remarks:

/s/ Geoff Williams, as Attorney 11/14/2016

in Fact

** 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.