FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burd | len | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* Ryan Christopher Michael | | | | | | 2. Issuer Name and Ticker or Trading Symbol Gevo, Inc. [GEVO] | | | | | | | | elationship eck all appli Directe | cable) | g Person(s) to Issuer | | | |
|--|---|--|----------------------|---------|----------------------------|--|---|-------|--|---|----------------------|-----------------|--|---|---|---|--|---|--|
| | • | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/16/2015 | | | | | | | | X Officer (give title Other (spec below) President and COO | | | | |
| (Street) ENGLEWOOD CO 80112 | | | | | _ 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line | ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (3 | State) Ta | (Zip) ble I - Nor | n-Deriv | vativ | ve Se | curitie | s Acc | nuired. | Dis | nosed of | or Ben | eficiall | v Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | sactio | action 2A. Deemed Execution Date, | | | 3. Transa Code (| 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) de (Instr. | | | d (A) or | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Transac | Reported Transaction(s) (Instr. 3 and 4) | | (| (Instr. 4) | |
| Common Stock 09/16. | | | | | | /2015 | | М | | 1,586 A | | (1) | 30 | 30,314 | | D | | | |
| Common Stock 09/16 | | | | | 6/20 | /2015 | | F | | 507 D | | \$2.2 | 3 29 | 29,807 | | D | | | |
| | | | Table II - | | | | | | | | osed of, onvertib | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Date Execution Da | | ate, Transact Code (In: | | | | es Expiration D (Month/Day/ d (A) sed | | te of Securities | | ies g Security | 8. Price of Derivative Security (Instr. 5) | | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | | | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | on(s) | | | |
| Restricted Stock Units | (1) | 09/16/2015 | | | A | | 57,078 | | (2) | | (2) | Common Stock | 57,078 | \$0.00 | 57,07 | 8 | D | | |
| Non- Qualified Stock Option | \$2.19 | 09/16/2015 | | | A | | 62,189 | | (2) | | 07/29/2015 | Common Stock | 62,189 | \$0.00 | 62,18 | 9 | D | | |
| Restricted Stock | (1) | 09/16/2015 | | | M | | | 1,586 | (2) | | (2) | Common Stock | 1,586 | \$0.00 | 55,49 | 2 | D | | |

Explanation of Responses:

- 1. Restricted Stock Units convert into common stock on a one-for-one basis
- 2. On September 16, 2015, the reporting person was granted restricted stock units and options that vest monthly for three years beginning on July 29, 2015.

Remarks:

/s/ Brett Lund, Attorney-in-Fact 09/17/2015

** 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.