FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 | |
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| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
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| OMB APPROVAL | | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average burden | | | | | | | | | | |
| hours per response | e: 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* BAUM WILLIAM H | | | 2. Issuer Name and Ticker or Trading Symbol Gevo, Inc. [GEVO] | | | | | | (Che | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | | | |
|--|--|------------------------|---|--|--|---|--------|-------------------------|--|---|--|--|--|---|---------------|---------------------------------------|------------|-----------|--------|
| DAUM | VVILL | AWIII | | | | | | | - | | | | | X | Direc | tor | | 10% Ov | vner |
| (Last) C/O GEV | ` | First) 345 INVERNES | (Middle) S DRIV | E | | 3. Date of Earliest Transaction (Month/Day/Year) 06/03/2022 | | | | | | | Office below | er (give title | | Other (s below) | specify | | |
| BUILDI | NG C, SU | VITE 310 | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | | | | | | | | | | | | | | X | Form | filed by On | e Report | ing Perso | on |
| ENGLE | WOOD (| CO | 80112 | | | | | | | | | | | | Form Perso | filed by Mo on | re than (| One Repo | orting |
| (City) | (| State) | (Zip) | | | | | | | | | | | | | | | | |
| | | Table | e I - No | n-Deriva | itive S | Secu | rities | s Acq | uired, | Dis | posed of | , or E | 3ene | ficial | ly Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (Disposed Of (D) (Instr. 3) | | | 5, 4 and Secur Benef | | ially Following | 6. Owner Form: D (D) or Ir (I) (Insti | Direct ndirect r. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | | |
| | | | | | | | Code | v | Amount | (A) (D) | or I | Price | Transa | ction(s) 3 and 4) | | | (11341. 4) | | |
| Common | Stock ⁽¹⁾ | | | 06/03/ | 2022 | | | | A | | 27,353 | A | A | \$ <mark>0</mark> | 15 | 5,442 | Γ | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any | | | Transaction of Code (Instr. Derivative | | Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) | | sstr. | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | | | Date Exercis | able | Expiration Date | Title | Amo or Num of Shar | ber | | | | | | |

Explanation of Responses:

1. Represents restricted common stock that vests on the first anniversary of the grant date, provided that the reporting person remains in continuous service with the issuer as of the vesting date.

Remarks:

/s/ Geoffrey T. Williams, Attorney-in-Fact

06/07/2022

** 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.