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 | e burden | | | | | | | | |

0.5

hours per response:

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* <u>Dreessen Ruth</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol Gevo, Inc. [GEVO] | | | | | | | | | eck all appl X Direct | or | g Person | 10% O | wner | |
|---|--|--|---|------------|---------|--|--------|--------------|---|--------|-----------|---|----------------|---------|---|--|-----------------------------------|---|--|--|
| | NC., 345 II | NVERNESS DR | (Middle) IVE SOU | TH | | Date of /29/20 | | st Tran | saction (M | onth/I | Day/Year) | ı | | | below | r (give title) | | Other (spec below) | | |
| BUILDING C, SUITE 310 (Street) ENGLEWOOD CO 80112 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | e) X Form Form | | | | | |
| (City) | (S | tate) (| (Zip) | | | | | | | | | | | | | | | | | |
| | | Tab | le I - Nor | n-Deriv | ative | Sec | curiti | es Ac | quired, | Dis | osed | of, or | Bene | eficial | ly Owne | d | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month) | | | | | ar) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (Instr. | | | | | | Benefic | ies ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | | v | Amount | (A (C |) or) | Price | Transac (Instr. 3 | ction(s) | | | (111311.4) | |
| Common Stock 12/2 | | | | | 9/201 | /2015 | | | М | | 357 | 357 | | (1) | 9 | ,689 | D | | | |
| Common Stock 12/29 | | | | | 9/201 | /2015 | | F | | 114 | 4 D S | | \$0.6 | 9,575 | | D | | | | |
| | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution I if any (Month/Day | Date, Tran | | ection Instr. | of E | | 6. Date Exercisal Expiration Date (Month/Day/Year | | | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Ow Foi Dir or I (I) (| LO. Dwnership Form: Direct (D) or Indirect I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | | Date Exercisab | | opiration | Title | or Nu of | umber | | | | | | |
| Restricted Stock Units | (1) | 12/29/2015 | | | M | | | 357 | (2) | | (2) | Commo Stock | | 357 | \$0.00 | 11,057 | | 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 shares and options that will vest monthly for three years beginning July 29, 2015.

Remarks:

/s/ Patrick Gruber, Chief Executive Officer 12/29/2015

** 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.