FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
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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

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Name and Address of Reporting Person* Description of the control of the con						2. Issuer Name and Ticker or Trading Symbol Gevo, Inc. [GEVO]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
Ryan Christopher Michael																Direc	ctor		10% C	wner			
																X	Offic belov	ficer (give title low)		Other (specify below)			
(Last) (First) (Middle)								3. Date of Earliest Transaction (Month/Day/Year) 08/09/2019									President, COO & CTO						
GEVO, INC., 345 INVERNESS DRIVE SOUTH					100/	00/09/2019									resident, cook cro								
BUILDING C, SUITE 310																							
BOILDING G, BOITE BID					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable								
(Ctroot)						""	T. II / III of the control of the co										Line)						
(Street) ENGLEV	WOOD.	CO		0112												X	Forn	n filed by One	e Report	ing Pers	on		
ENGLEV	עטטע	CU	Č	0112													Forn	n filed by Moi	re than C	ne Rep	orting		
																	Pers	on		·	· ·		
(City)		(Sta	te) (2	Zip)																			
			Tabl	e I - Nor	n-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	of, o	r Ben	efici	ally	Owne	ed					
1. Title of S	Security (I	nstr.	. 3)		2. Trans	action					3. 4. Securities Acquired (A)								6. Ownership		7. Nature		
Date (Month/Date						Dav/Yea		Execution Date, if any				Disposed 5)	sposed Of (D) (Instr. 3, 4							orm: Direct D) or Indirect	of Indirect Beneficial		
(,	(Month/Day/Year)												l) (Instr. 4)	Ownership				
									Code	v	Amount	(A) or D		Price	Trans		ction(s)			(Instr. 4)			
										Code	ľ	Amount		(D) Price		(Instr.		3 and 4)					
Common Stock 08/09/						9/2019				F ⁽¹⁾		4,000	0 D		\$2.	46 182,47		32,474	1)			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																						
	(e.g., puts, calls, warrants, options, convertible securities)																						
1. Title of	2.		3. Transaction	3A. Deeme		4.				6. Date E			7. Title and				ice of 9. Number of				11. Nature		
Derivative Security	Conversi or Exerci		Date (Month/Day/Year)	Execution if any			Transaction Code (Instr.				Expiration Date (Month/Day/Year)			Amount of Securities		Derivative Security		derivative Securities		Ownership Form:	of Indirect Beneficial		
(Instr. 3)	Price of			(Month/Day/Year				Securities		(MOHUIDay/Teal)			Underlying			(Instr. 5)		Beneficially	Dire	Direct (D)	Ownership		
	Derivative Security						Acquired (A) or		Derivative Security (Ins				str. 3			Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)				
						Disposed				and 4)							Reported	- 1					
							of (D) (Instr. 3, 4										Transaction (Instr. 4)	(s)					
								and 5)										, ,					
					Γ										ount								
										or Numl		,											
						Date				of	of												
				Code	١v	(A)	(D)	Exercisa	ble	Date	Title	e Sha	res										

Explanation of Responses:

1. Represents shares withheld by the issuer to cover tax withholding obligations upon vesting of a restricted stock award.

/s/ Geoffrey T. Williams, Attorney-in-Fact 08/13/2019

** 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.