FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* SMITH MARK L | | | | | | 2. Issuer Name and Ticker or Trading Symbol Gevo, Inc. [GEVO] | | | | | | | | | | all applicable) Director Officer (give title | | g Person(s) to Issue 10% Owne Other (spe | | wner |
|--|--|--|---|------------------------------|--|---|--|--|--|---|------------|--|---|--|--|--|---|---|-------------------------|--|
| (Last) (First) (Middle) GEVO, INC.,345 INVERNESS DRIVE SOUTH BUILDING C, SUITE 310 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/16/2013 | | | | | | | | | Λ | belov | ow) Chief Financia | | below) | |
| (Street) ENGLEWOOD CO 80112 (City) (State) (Zip) | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | ar) i | A. Deemed Execution Date, f any Month/Day/Year) | | Transaction D | | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | 4 and Second Sec | | cially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | | v | Amount | | (A) or (D) | Price | - 1 | Reported Transaction(s) (Instr. 3 and 4) | | | | (111501.4) |
| Common Stock 07/16/ | | | | | /16/2013 | | | | | | 2,470 | | D | \$1.97(2) | | 163,380 | | Ι |) | |
| 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 Exercis or Exercis Operivative Security | | | 3A. Deeme Execution if any (Month/Da | Date, Transaction Code (Inst | | | n of i | | 6. Date Exercisab Expiration Date (Month/Day/Year) | | е | Ame Sec Und Deri Sec | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | n: ct (D) ndirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Codo | ,, | (0) | | Date Evereical | | Expiration | Title | Nur | nber | | | | | | |

Explanation of Responses:

- 1. Shares were sold to satisfy certain tax obligations of the reporting person triggered by the vesting of such restricted stock shares. The sales reported in this Form 4 were effected pursuant to Rule 10b5-1 trading plans adopted December 14, 2012 and May 15, 2013.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$1.95 to \$1.99, inclusive. The reporting person undertakes to provide to Gevo, Inc., any security holder of Gevo, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote (2) to this Form 4.

/s/ Brett Lund, Attorney-in-

Fact

** Signature of Reporting Person

Date

07/17/2013

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.