## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

_	_	_	_			_	_	_	_	
			Washington,	D.C. 20549	9					

OIVID AFFROVAL										
OMB Number:	3235-0287									
Estimated average b	ourden									
ha	0.5									

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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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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

	don to.																			
1. Name and Address of Reporting Person*							2. Issuer Name and Ticker or Trading Symbol Gevo, Inc. [ GEVO ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Gendenjamts Davaajargal							Gevo, me. [ Gevo ]								Directo	or		10% Ov	vner	
(Last) (First) (Middle)							Date of Earliest Transaction (Month/Day/Year)							_	<ul><li>Officer below)</li></ul>	(give title		Other (s	specify	
(Last)		,			2024	110115	action (IVI	J. 101/L	ayrical)				V	P Acctg a	and Ti	reasurer				
C/O GEV	VO, INC.	345 INVERNESS	12/	12/01/2027																
BUILDI	NG C, SU										_									
			4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street)	WOOD	00	00112											1	Form filed by One Reporting Person					
ENGLE	WOOD		80112												Form filed by More than One Reporting					
															Persor	1				
(City)		State)	(Zip)																	
		Tab	ole I - Nor	n-Deriv	ative	e Se	curities	s Acc	quired,	Disp	osed o	f, or I	Bene	eficiall	y Owned					
1. Title of Security (Instr. 3)  2. Transa Date (Month/D						Execution Day Day/Year) if any		Execution Date,		Transaction Dispose Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3,		(A) or 3, 4 and		es ally following	Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	Code V		mount (A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock <sup>(1)</sup> 12/01/						4			A		27,273 A		A	\$0	27,273			D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
			(	(e.g., p	uts,	call	s, warr	ants,	, optior	ıs, c	onvertil	ble se	ecuri	ties)						
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, T	ransaction ode (Instr.		5. Numl of Derivati Securiti Acquire (A) or Dispose of (D) (I 3, 4 and	ive ies ed ed nstr.	Expiration	Date Exercisable a xpiration Date Month/Day/Year)		of Securities		ecurity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e Over State of	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				c	ode	v	(A)		Date Exercisab		xpiration ate	Title	O N	Amount or lumber of Shares						
Stock Option	\$1.65	12/01/2024			Α		27,273		(2)	1	1/30/2034	Comm		27,273	\$0	27,27	3	D		

## **Explanation of Responses:**

- 1. Represents restricted common stock that vests in three equal annual installments beginning on the first anniversary of the grant date, provided that the reporting person remains in continuous service with the issuer as of each vesting date.
- 2. The stock options shall vest in three equal annual installments beginning on the first anniversary of the grant date, provided that the reporting person remains in continuous service with the issuer as of each vesting date.

/s/ E. Cabell Massey, Attorneyin-Fact

\*\* Signature of Reporting Person Date

12/03/2024

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.