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 I | nurden | | | | | | | | | |

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* Willis Mike | | | | | | 2. Issuer Name and Ticker or Trading Symbol Gevo, Inc. [GEVO] | | | | | | | | | | | of Reportir licable) tor er (give title | ng Pers | 10% O Other (below) | wner |
|---|--|--|--|--------------------|----------------------|---|---|---------|--|---------------------------------|---------|------------------------------------|-------------------------------|--|--|---|--|---|------------------------|---|
| (Last) (First) (Middle) 345 INVERNESS DRIVE SOUTH BUILDING C, SUITE 310 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/29/2017 | | | | | | | | | | | , c | CFO | | |
| (Street) ENGLEWOOD CO 80112 (City) (State) (Zip) | | | | | | | ndmen | t, Date | of C | Original F | Filed | (Month/D | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (=-9) | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transar Date (Month/Date | | | | | Day/Year) if a | | 2A. Deemed Execution Date, if any (Month/Day/Yea | | ÷, | 3. Transac Code (Ir 8) | 4. Secu | | | | ed (A) or tr. 3, 4 an | Benefic | ies cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code V | | Amount | | (A) or (D) | Price | Transa | Transaction(s) (Instr. 3 and 4) | | | | | | | | |
| Common Stock 08/2 | | | | | | 7 | | | | M | | 80 | A | | (1) | 2 | 2,159 | | D | |
| Common Stock 08/29/ | | | | | 9/2017 | 7 | | | | F | | 25 ⁽² | 2) D | | \$0.5 | 59 2,134 | | D | | |
| | | Т | able II - I | Deriva (e.g., p | | | | | | | | | | | | / Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution D if any (Month/Day/ | Date, | Date, Transa Code | | of | | 6. Date Exercisal Expiration Date (Month/Day/Year) | | | | Amou Secu Unde Deriv | rlying | Security I 4) | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Owners Form: Direct (or Indir (I) (Inst | Ownership | Beneficial Ownership ct (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Dat Exe | e ercisable | | piration te | Title | | Amount or Number of Shares | | | | | |
| Restricted Stock | (1) | 08/29/2017 | | | M | | | 80 | | (3) | | (3) | Comi | | 80 | \$0.00 | 866 | | D | |

Explanation of Responses:

- 1. Restricted Stock Units convert into common stock on a one-for-one basis
- 2. The disposition represents the net settlement of shares upon the vesting of restricted stock units.
- 3. On September 16, 2015, the reporting person was granted restricted stock units and options that will vest monthly for three years beginning July 29, 2015.

Remarks:

/s/ Geoff Williams, as Attorney-in-Fact 08/30/2017

** Signature of Reporting Person Dat

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.