FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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* Guillen Jaime	2. Date of Ever Requiring State (Month/Day/Ye 08/01/2021	tement	3. Issuer Name and Ticker or Trading Symbol Gevo, Inc. [GEVO]						
(Last) (First) (Middle) C/O GEVO, INC. 345 INVERNESS DRIVE SOUTH BUILDING C, SUITE 310			4. Relationship of Reporting Issuer (Check all applicable) X Director Officer (give title below)	Person(s) to 10% Owner Other (specify below)		5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting			
(Street) ENGLEWOOD CO 80112 (City) (State) (Zip)							Person Form filed by More than One Reporting Person		
Table I - Non-Derivative Securities Beneficially Owned									
								4. Nature of Indirect Beneficial Ownership (Instr. 5)	
1. Title of Security (Instr. 4)			. Amount of Securities eneficially Owned (Instr.)	3. Owner Form: I (D) or II (I) (Inst	Direct ndirect				
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Explanation of Responses:

Remarks:

The reporting owner does not own any securities of the issuer.

No securities are beneficially owned.

/s/ E. Cabell Massey, Attorney-in-Fact 08/02/2021

** 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 5 (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.