FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPRO | OVAL | | | | | |
|---|------------------------|-----------|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | |
| l | Estimated average burd | en | | | | | |
| l | hours per response: | 0.5 | | | | | |

| 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

| Name and Address of Reporting Person* | | | | | | | 2. Issuer Name and Ticker or Trading Symbol | | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|---|--|------|-------|----------------------------|---------|-------|--|---|--|------------------|---------------|--------------------|--------|--|----------------------|---|--|-----------------------|--|-----------------------|---|--|--|
| Ryan Christopher Michael | | | | | | | Gevo, Inc. [GEVO] | | | | | | | | | Check | all app | , | | 10% C |)wner | | |
| | | | | | | | | | | | | | | | | | | er (give title v) | | Other (specify below) | | | |
| (Last) (First) (Middle) | | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/19/2015 | | | | | | | | | | President and COO | | | | | |
| GEVO, INC., 345 INVERNESS DRIVE SOUTH | | | | | | | | | | | | | | | | | | | | | | | |
| BUILDING C, SUITE 310 | | | | | | | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) | | | | | | | 4. II Americane, Date of Original Flied (Month/Day/Teal) | | | | | | | | | | Line) | | | | | | |
| ENGLEWOOD CO 80112 | | | | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | | | |
| | | | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| (City) | | (Sta | te) (| Zip) | | | | | | | | | | | | | | | | | | | |
| | | | Tabl | e I - Nor | n-Deriv | ative | Se | curitie | es Acc | quired, | Dis | posed o | f, o | r Ben | efici | ally (| Dwne | ed | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | | ar) | Execution if any | 2A. Deemed Execution Date, f any (Month/Day/Year) | | | | | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | Securi Benefi Owned | cially I 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 | | Reported Transaction(s) (Instr. 3 and 4) | | | | (111511.4) | | | | | |
| Common Stock 05/19/ | | | | | | | | | | | | 70 | | D | D \$3. | | 21,14 | | D | | | | |
| | 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) | ivative Conversion Date Execution or Exercise (Month/Day/Year) if any | | | n Date, Transac Code (I | | | | vative irities ired r osed) | 6. Date E Expiratio (Month/D | n Date | Amount of | | str. 3 | 8. Pri Deriv Secu (Instr | ative rity | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | c | | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nui of | ount nber ires | | | | | | | | |

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 a Rule 10b5-1 trading plan adopted May 28, 2014.

Remarks:

/s/ Brett Lund, Attorney-in-fact 05/19/2015

** 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.