## Edgar Filing: Dreessen Ruth - Form 4

Dreessen Rut	h											
Form 4	210											
August 13, 20												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									r	OMB APPROVAL		
		DSIALE					IGE (	_01/11/1155101N	OMB Number:	3235-0287		
Check this box					ington, D.C. 20549					January 31,		
if no long	er STAT	EMENT O	F CHAN	GES IN	RENEFI	CIAI	OW	NERSHIP OF	Expires:	2005		
subject to Section 10		STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Estimated average			
Form 4 or		SECONTIES							burden hours per response 0.5			
Form 5	Filed p	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,										
obligation may conti	<sup>18</sup> Section 1	•					-	f 1935 or Sectio	n			
See Instru		30(h)	) of the In	vestment	Company	Act	of 194	40				
1(b).												
(Print or Type R	esponses)											
1 Name and A	ddress of Reporti	ing Derson *	2.1					5 Palationship of	f Daporting Dar	son(s) to		
Dreessen Ru				r Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
Dicessening			Symbol Gevo Ju	nc. [GEV	01							
								(Chec	ck all applicable	e)		
(Last)	(First)	(Middle)		Earliest Tr	ransaction			V Dimeter	100	0		
GEVO, INC., 345 INVERNESS 08/09/				Day/Year)				X_ Director 10% Owner Officer (give title Other (specify				
	JTH, BUILDI		00/09/20	010				below)	below)			
SUITE 310												
	(Street)		1 If Ama	ndment Do	te Original			6 Individual or I	oint/Group Fili	rg(Chook		
	(Birect)			ndment, Date Original (th/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)				
1 neu(Mont				illi/Day/Tea	)			_X_ Form filed by One Reporting Person				
ENGLEWO	OD, CO 8011	2						Form filed by M Person	More than One Re	eporting		
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned		
1.Title of	2. Transaction l			3.			-	5. Amount of	6. Ownership			
Security (Instr. 3)	(Month/Day/Ye	ear) Executi any	on Date, if Transaction(A) or Disposed of					Form: Direct (D) or	Indirect Beneficial			
(Insu: 5)		/Day/Year)	Code (D) Day/Year) (Instr. 8) (Instr. 3, 4 and 5)				Owned	· /	Ownership			
				, (				Following	(Instr. 4)			
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
Comment				Code V	Amount	(D)	Price	(				
Common Stock $(1)$	08/09/2018			А	11,000	А	\$0	11,090	D			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Dreessen Ruth GEVO, INC., 345 INVERNESS DRIVE SOUTH BUILDING C, SUITE 310 ENGLEWOOD, CO 80112	Х					
Signatures						
/s/ Geoffrey T. Williams, Jr., Attorney-in-Fact	08/13/2018					
**Signature of Reporting Person	Date					

## **Explanation of Responses:**

- \* 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).
- (1) Represents restricted common stock that vests 100% on August 9, 2019.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.