FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20049

| STATEMENT | OF | CHANGES | IN BENEFI | ICIAL | OWNERSHIP |
|-----------|----|---------|-----------|-------|-----------|

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|   | OMB Number:             | 3235-0287 |
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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).

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*     Steele Barry G   |   |  |                  |       |   | 2. Issuer Name and Ticker or Trading Symbol GENTHERM Inc [ THRM ] |                   |  |                  |   |   |  |               |       | Check   | all app   | olicable)  | g Person(s) to I<br>10% (<br>Other                                |     |
|--|---|--|------------------|-------|---|---|-------------------|--|------------------|---|---|--|---------------|-------|---|---|--|---|-----|
| (Last) (First) (Middle) 21680 HAGGERTY ROAD SUITE 101  |   |  |                  |       | 3. Date of Earliest Transaction (Month/Day/Year) 07/02/2015               |   |                   |  |                  |   |   |  |               | X     | belov   | below) below)  CFO/VP Finance/Treasurer                           |  |   |     |
| (Street) NORTHV  | VILLE 1   |  | 48167<br>(Zip)   |       | 4. If Amendment, Date of Original Filed (Month/Day/Year)                  |   |                   |  |                  |   |   | . Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person |               |       |   |   |  |   |     |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned   |   |  |                  |       |   |   |                   |  |                  |   |   |  |               |       |   |   |  |   |     |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)  |   |  |                  |       | Execution ay/Year) if any   |   | ecution Date, Tra |  | actior<br>(Instr |   |   |  |               |       | Securities<br>Beneficially  |   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |     |
|  |   |  |                  |       |   |   |                   |  |                  | v | Amount  |  | (A) or<br>(D) | Price | :   | Transaction(s)<br>(Instr. 3 and 4)                                |  |   | . , |
| Common Stock 07/02/  |   |  |                  | /2015 |   |   | F                 |  | 2,736            | 5 | D \$55.   |  | 5.03 42,999   |       | D   |   |  |   |     |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |   |  |                  |       |   |   |                   |  |                  |   |   |  |               |       |   |   |  |   |     |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)  | reivative ecurity nstr. 3)  Conversion or Exercise Price of Derivative Security  Date (Month/Day/Year)  I tany (Month/Day/Year)  Recution Date, if any (Month/Day/Year)  Recution Date, if any (Month/Day/Year)  Recution Date, if any (Month/Day/Year) |  | Transa<br>Code ( |       | Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |   | Expirat<br>(Month | 6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Date |                  |   | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amoun or Numbe of Title Shares |  |               |       | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |   |     |

**Explanation of Responses:** 

Remarks:

/s/ Barry G. Steele

07/06/2015

\*\* 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 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.