**COSTA MESA** 

(City)

CA

(State)

92626

(Zip)

FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

> > 7. Nature of Indirect Beneficial Ownership (Instr. 4)

Footnote<sup>(1)</sup>

Footnote See

Footnote

11. Nature of Indirect Beneficial Ownership (Instr. 4)

Filed pursuant to Section 16(a) of the Securities Evolution Act of 1024

mstruct	.ioii 1(b).											Company Act		11934							
1. Name and Address of Reporting Person* 2. Is							or Section 30(h) of the Investment Company Act of 1940  2. Issuer Name and Ticker or Trading Symbol  AMERIGON INC [ ARGN ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner					
(Last) (First) (Middle) 949 SOUTH COAST DRIVE #650						3. Date of Earliest Transaction (Month/Day/Year) 05/11/2007								Officer (give title X Other (specify below)  Beneficial Owner							
(Street) COSTA MESA CA 92626					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person  X Form filed by More than One Reporting Person						
(City) (State) (Zip)																					
			Table I -	Non-Deri	vativ	e S	ecu	ıritie	es Ad	equire	ed, D	isposed o	f, or E	3enefi	cially	/ Own	ed				
'''' '''				2. Transac Date (Month/Da		Exed ar) if an		. Deemed ecution Date, iny onth/Day/Year)		3. Transaction Code (Instr. 8)			Acquired (A) or (D) (Instr. 3, 4 and		Benefic Owned Reporte		ies cially Following ed	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			ction(s) 3 and 4)				
Common Stock 05/11/2					2007	17				S		30,000	D	\$15.4	5.4656 2,2		15,215		I	See Footnote	
Common Stock 05/14				05/14/2	2007				S		310,000	D	\$15.	\$15.2228		1,905,215		I	See Footnote		
Common Stock 05/15/200					2007	)7		S		56,600	D	\$15.	15.3696		1,848,615		I	See Footnote			
			Table									posed of, convertib				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversi or Exerci Price of Derivativ Security	se (Month/Day	Year) if an	Deemed ution Date, y ith/Day/Year)		ansactior ode (Instr				6. Date Exe Expiration I (Month/Day			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownersh Form: Direct (D or Indirec (I) (Instr.		Beneficia Ownersh t (Instr. 4)	
					Code	v		(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amoun or Numbe of Shares	r						
		of Reporting Pe EORGE L	erson*																		
(Last) (First) (Middle) 949 SOUTH COAST DRIVE #650																					
(Street) COSTA MESA CA 92				92626																	
(City)		(State)		(Zip)																	
1		of Reporting Pe																			
(Last) 949 SOU #650	JTH COA	(First) AST DRIVE		(Middle)																	
(Street)																					

## **Explanation of Responses:**

1. George Argyros controls Westar Capital II LLC, which holds the reported securities which consituted a greater then 10% beneficial ownership interest of the issuer's outstanding share of common stock. Mr. Argyros disclaims benefical ownership of the reported securities except to the extent of his pecuniary interest therein.

 George L. Argyros
 05/16/2007

 Westar Capital by: John W. Clark
 05/16/2007

Date

\*\* Signature of Reporting Person

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.