FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

| <i>N</i> ashington, | D.C. | 20549 |
|---------------------|------|-------|
|---------------------|------|-------|

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

|  | OMB APPROVAL                                      |       |  |  |  |  |  |  |  |  |  |
|--|---|-------|--|--|--|--|--|--|--|--|--|
|  | OMB Number: 3235-0287<br>Estimated average burden |       |  |  |  |  |  |  |  |  |  |
|  |   |       |  |  |  |  |  |  |  |  |  |
|  | hours per response                                | : 0.5 |  |  |  |  |  |  |  |  |  |

|  | tion 1(b).   | unue. See |                  | Filed    | d pursua<br>or Se   | ant to S<br>ection 3   | Section<br>30(h) o   | 16(a)<br>of the li   | of the S<br>ovestme | ecurit<br>nt Co | ies Exchang<br>mpany Act o | e Act of :<br>f 1940   | 1934                       |  |                                       | hours   | s per re | esponse:         | 0.5         |  |
|--|--|-----------|------------------|----------|---|--|--|--|---------------------|-----------------|----------------------------|--|----------------------------|--|---------------------------------------|---|----------|------------------|-------------|--|
| Name and Address of Reporting Person*     Wilson Jaymi       |  |           |                  |          | 2. Issuer Name and Ticker or Trading Symbol GENTHERM Inc [ THRM ] |  |  |  |                     |                 |                            |  |                            | all app<br>Direc<br>Office   | ,                                     |   | 10% O    | wner<br>(specify |             |  |
| (Last) (First) (Middle) 21680 HAGGERTY ROAD                  |  |           |                  |          | 3. Date of Earliest Transaction (Month/Day/Year) 03/11/2023       |  |  |  |                     |                 |                            |  |                            | SVP, GM Glo Sales & Glo Mktg   |                                       |   |          |                  |             |  |
| (Street) NORTH (City)  | VILLE N  |           | 48167<br>(Zip)   |          | 4. If A   | 4. If Amendment, Date of Original Filed (Month/Day/Year)                                   |  |  |                     |                 |                            |  |                            | Indivine)  | •                                     |   |          |                  |             |  |
|  |  | Table     | l - No           | n-Deriva | ative S   | Secu   | rities   | Acq  | uired,              | Dis             | posed of                   | , or Be  | nefic                      | ially  | Own                                   | ed  |          |                  |             |  |
| 1. Title of Security (Instr. 3)  2. Transact Date (Month/Day |  |           |                  |          | Execution Date,   |  | 3. Transaction Code (Instr. 8)  4. Securities Acqui Disposed Of (D) (In 5) |  |                     |                 |                            | 5. Amo<br>Securit<br>Benefic<br>Owned<br>Report  | ies<br>cially<br>Following | 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) |          |                  |             |  |
|  |  |           |                  |          |   |  |  |  | Code                | v               | Amount                     | (A) or<br>(D)  | Price                      |  | Transa                                | ansaction(s)<br>nstr. 3 and 4)                                    |          |                  | (111501. 4) |  |
| Common Stock   |  |           | 03/11/2          | 2023     |   | F  |  | 270  | D                   | \$59            | .63 14                     |  | 1,746                      |  | D                                     |   |          |                  |             |  |
| Common Stock 03/   |  |           |                  | 03/12/2  | 2023  |  | F  |  | 480                 | D               | \$59                       | .63 1  |                            | 1,266  |                                       | D   |          |                  |             |  |
|  |  | Та        | ble II -         |          |   |  |  |  |                     |                 | osed of, convertib         |  |                            |  | wne                                   | d   |          |                  |             |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)          | ivative or Exercise Price of Derivative Security  Date (Month/Day/Year)  Date (Month/Day/Year)  Execution Date, if any (Month/Day/Year)  (Month/Day/Year)  By the control of the control o |           | Transa<br>Code ( |          |   | 6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Exercisable Expiration Date |  | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Ins<br>3 and 4) |                     | unt<br>ber      |                            | 9. Number<br>derivative<br>Securities<br>Beneficiall<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | ly                         | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4) |   |          |                  |             |  |

**Explanation of Responses:** 

Remarks:

/s/ Stephanie Swan, by Power of Attorney

03/14/2023

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.