(City)

(State)

1. Name and Address of Reporting Person*

W III H Partners, LP

(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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden r response: 0.5

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

Footnote⁽¹⁾

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

	ons may contin ion 1(b).	ue. <i>See</i>		File							ities Exchan		of 1934			hou	rs per	response:	0
1. Name and Address of Reporting Person* WHEELER THOMAS M (Last) (First) (Middle) 2120 AUSTIN AVENUE SUITE 100					2. Issuer Name and Ticker or Trading Symbol AMERIGON INC [ARGN] 3. Date of Earliest Transaction (Month/Day/Year) 05/01/2006								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title X Other (specify below) See Footnote 1 Below						
(Street) ROCHES	STER M	I .	48309		4. 11	f Ame	endment	, Date	of Origin	al File	ed (Month/Da	ay/Year)		Line	e) Forn	n filed by O	ne Re	ing (Check eporting Per aan One Re	rson
(City)	(S		(Zip)																
1 Title of C	Security (Inst		le I - No	on-Deriv		_	Curitie		quired	l, Di	sposed o				y Owne		6.0	wnership	7. Nature
1. Title of S	security (ms	ii. 3)		Date (Month/D		Ex if i	kecution any lonth/Da	Date,	Transa Code (8)	Instr.	Disposed C 5)		str. 3, 4 a	and	Securiti Benefic	es ially Following ed	Forr (D)	n: Direct or Indirect nstr. 4)	Indirect Beneficial Ownershi (Instr. 4)
Common	Stock			05/01/	/2006				Code	v	1,037,00	(D)		се \$7	(Instr. 3			I	See Footnote
		Ta	able II -								osed of,				Owned		<u> </u>		
1. Title of	2.	3. Transaction	3A. Dee	med	4.		5. Nu	umber	6. Date	Exerc	isable and	7. Title	and	8.	. Price of	9. Number		10.	11. Natu
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	if any C		Transa Code 8)				Expiration Da (Month/Day/Y			Amour Securi Underl Deriva Securi and 4)	ties ying tive ty (Instr.	S (I	erivative ecurity nstr. 5)	derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Benefici Ownersi ect (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amour or Numbe of Shares	er					
1		Reporting Person*										,							
WILE.	LEK III	OMAS M				-													
(Last) 2120 AU SUITE 1	STIN AVE	(First) NUE	(Mi	ddle)															
(Street) ROCHES	STER	MI	483	309		_													
(City)		(State)	(Ziţ))															
ı	nd Address of Enterprise	Reporting Person*	,			_													
(Last) 2120 AU	STIN AVE	(First)	(Mi	ddle)															
(Street) ROCHES	STER	MI	483	309		_													

(Last)	(First)	(Middle)						
C/O ROCKEFELLER & CO., INC.								
30 ROCKEFELLER PLAZA, ROOM 5600								
,			_					
(Street)		40440						
NEW YORK	NY	10112						
	, .	7- : \	_					
(City)	(State)	(Zip)						

Explanation of Responses:

1. Thomas M. Wheeler ("Wheeler") controls TMW Enterprises Inc. ("TMWE"), the general partner of W III H Partners, L.P. ("W III H"), which holds the reported securities which, prior to this transaction, constituted a greater then 10% beneficial ownership interest of the issuer's outstanding shares of common stock and preferred stock (on an as-converted basis). Wheeler and TMWE disclaim beneficial ownership of the reported securities except to the extent of their pecuniary interest therin.

05/01/2006 Thomas M. Wheeler TMW Enterprises Inc.; By: 05/01/2006 Robert T. Howard, President W III H Partners, L.P.; By TMW Enterprises Inc., Gene 05/01/2006 Partner; By: Robert T. Howard

President

** 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.