Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| to Section 16. Form 4 or Form 5 | STATEMENT OF CHANGES IN BENEFICIAL | OWNERSHIP |
|---------------------------------|------------------------------------|-----------|
| obligations may continue. See | | |

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

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* Kauffman Wayne S III | | | | | 2. Issuer Name and Ticker or Trading Symbol GENTHERM Inc [THRM] | | | | | | | | | | k all app Direc | tionship of Reportir all applicable) Director | | 10% O | vner |
|--|---|-------|---------|---------------------------------|---|---|---|---------|---|--|--------------------|--|--|--|---|--|---|--|---------------------------------------|
| (Last) 21680 H | (F AGGERT | , | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/11/2023 | | | | | | | | X | belov | Officer (give title Other (s below) SVP and General Counsel | | | specify |
| (Street) NORTH (City) | NORTHVILLE MI 48167 | | | 03/1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) 03/14/2023 | | | | | | | | | . Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| Rule 10b5-1(c) Transaction Indicati | | | | | | | | ade pur | suant to | | | uction or writt | ten pla | an that is inte | nded to | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | , Dis | posed of | , or E | Benefi | cially | y Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | | y/Year) Execu | | Deemed ution Date, / th/Day/Year) | | | | es Acquired (A) Of (D) (Instr. 3, 4 | | 4 and Secur Benet | | cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or Pric | е | Transa | ction(s) 3 and 4) | | | (111501. 4) |
| Common Stock 03/11/2 | | | .023 | | | F | | 241(1) | D | \$5 | 559.63 | | 10,844 | | D | | | | |
| Common Stock 03/12/ | | | 2023 | | | | F | | 579(1) | D | \$5 | 9.63 | 10,265 | | | D | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | erivative Conversion Date ecurity or Exercise (Month/Day/Year) | | if any | emed ion Date, /Day/Year) | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercis Expiration Date (Month/Day/Ye | | ate | 7. Title Amou Secur Under Deriva Secur 3 and | int of rities rlying ative rity (Instr | De Se (In | Price of erivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | or Numbe of Shares | r | | | | | |

Explanation of Responses:

1. On March 14, 2023, the reporting person filed a Form 4 that inadvertently reflected incorrect amounts for the shares withheld for the payment of taxes as a result of the application of an incorrect tax rate. The amounts above reflect the corrected calculation.

/s/ Stephanie Swan, by Power of Attorney

** Signature of Reporting Person Date

05/17/2024

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.