## FORM 4

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

Wa	ashing	ton,	D.C.	20549	

TATEMENT	OF CHANC	SES IN BEN	EFICIAL O	WNFRSH

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

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 S	Section	on 30(h)	of the	Investme	ent Co	ompany Act	of 1940							
1. Name and Address of Reporting Person*  ARGYROS GEORGE L					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  Officer (give title Vother (specify				Owner				
(Last) 949 SOU #650	(Fi	,	Middle)				of Earliest Transaction (Month/Day/Year) 2006								belov			^ below	
(Street) COSTA 1	MESA CA		92626 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)					Line)	6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person  X Form filed by More than One Reporting Person							
		Tahl	e I - No	n-Deriv	ative	Se	curitie	-s Δc	nuired	l Die	snosed o	f or F	Senefic	rially	, Owne	-d			
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day				tion	ion 2A. Deemed Execution Date,		3. Transaction		4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a 5)		r 5. Amo and Securit Benefic		int of es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							Code	v	Amount	(A) o	Price	е	Transac (Instr. 3	tion(s)			(111501. 4)		
Common Stock 11/01/2			.006		S		12,000	D	\$8.	.633 2,30		)4,315			See Footnote <sup>(1)</sup>				
		Та	ıble II -								osed of, convertib				Owned				
Derivative Conversion Date Execution Date, To Country or Exercise (Month/Day/Year) if any		4. Transa Code ( 8)				6. Date Exerci Expiration Dat (Month/Day/Ye		ite	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		De Se (Ir	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amoun or Numbe of Shares						
1. Name and Address of Reporting Person $^{\star}$ $\overline{ARGYROS}$ $\overline{GEORGE}$ $\overline{L}$																			
(Last)		(First)	(Mi	ddle)		- $ $													

1. Name and Address of Reporting Person*  ARGYROS GEORGE L								
(Last)	(First)	(Middle)						
949 SOUTH COAST DRIVE								
#650								
(Street)								
COSTA MESA	CA	92626						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person*  WESTAR CAPITAL II LLC								
(Last)	(First)	(Middle)						
949 SOUTH COAST DRIVE								
#650								
(Street)								
COSTA MESA	CA	92626						
(City)	(State)	(Zip)						

## **Explanation of Responses:**

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

George L. Argyros Westar Capital by: John W.

11/02/2006 11/02/2006

Clark

\*\* 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.