FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| ashington, | D.C. | 20549 | |
|------------|------|-------|--|
| | | | |

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|------------------|-------------------|---------------|------------------|

| OMB APP | VIB 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 Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* Kowalchik Laura Michele | | | | | 2. Issuer Name and Ticker or Trading Symbol GENTHERM Inc [THRM] | | | | | | | | | ck all app | , | ng Perso | on(s) to Is | | | |
|---|--|----------|---------|--|---|--|--------|--|-----------------|--|--|--|--------------------------------|---|--|-----------------------------|---|----------|-------------|--|
| (Last) | (F | irst) (I | Middle) | | | Date of Earliest Transaction (Month/Day/Year) /05/2023 | | | | | | | Office | er (give title | | Other (s below) | specify | | | |
| 21680 H | AGGERT | Y ROAD | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | | | | | | | | | | | | | |) X | | filed by On | • | • | | |
| NORTH | VILLE M | Ι 4 | 8167 | | | | | | | | | | | | Form Perso | filed by Mo on | re than | One Repo | orting | |
| (City) | (S | tate) (2 | Zip) | | Rul | Rule 10b5-1(c) Transaction Indication | | | | | | | | , | | | | | | |
| Check this box to indicate that a transaction was made pursuant to a contract, in satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | uction or writt | ten plan t | that is inter | nded to | | | | | | | |
| | | Table | I - Nor | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | 3ene | eficial | ly Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Execution | | cution y | Date, | 3. 4. Securitie Transaction Code (Instr. 8) 5. | | es Acquired (A) Of (D) (Instr. 3, 4 | | (A) or 3, 4 and | Benefic | ies cially Following | 6. Own Form: I (D) or I (I) (Inst | Direct ndirect tr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or I | Price | Transa | action(s) 3 and 4) | | | (IIIsti. 4) | |
| Common | Stock ⁽¹⁾ | | | 12/05/ | 2023 | | | | A | | 1,366 | A | A | \$0.00 | 1 | 1,366 | |) | | |
| | 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) | tive Conversion Date Execution Date, Ty or Exercise (Month/Day/Year) if any | | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) | | S (I | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | y Di or (I) |). wnership orm: irect (D) · Indirect (Instr. 4) | Beneficial Ownership (Instr. 4) | | | | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amo or Num of Shar | nber | | | | | | |

Explanation of Responses:

1. The shares represent Restricted Common Stock issued under the 2023 Equity Incentive Plan that has been granted to the Reporting Person as compensation for serving on the Gentherm Board of Directors

Remarks:

/s/ Stephanie Swan, by Power of Attorney

12/07/2023

** 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.