FORM 3

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

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

- 1						
	OMB APPI	ROVAL				
	OMB Number: 3235-010					
	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 Pe <u>Steinl Greg</u>	R (N	Date of Event equiring Stater Month/Day/Year 7/01/2013	nent	3. Issuer Name and Ticker or Trading Symbol GENTHERM Inc [ THRM ]							
(Last) (First) (Middle) 21680 HAGGERTY ROAD				Relationship of Reporting Perso (Check all applicable)     Director	son(s) to Issuer 10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)				
SUITE 101				X Officer (give title below)  VP Electronics Bus	Other (spe	Apı	6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) NORTHVILLE MI 48167				VP Electronics Busi	smess omt		X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (	Zip)										
	Ta	able I - Nor	-Derivati	ive Securities Beneficiall	y Owned						
1. Title of Security (Instr. 4)				. Amount of Securities eneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4)		2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Inst		4. Conversion or Exercise Price of	Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
		Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	Direct (D) or Indirect (I) (Instr. 5)				
				1							

Explanation of Responses:

/s/ Gregory Steinl

07/01/2013

\*\* 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 5 (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.