FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
OMB Number: 3235-01							
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

Brentano Yijing (N			2. Date of Event Requiring Statement (Month/Day/Year) 04/12/2018  3. Issuer Name and Ticker or Trading Symbol GENTHERM Inc [ THRM ]									
(Last) 21680 HAGGE	(First)	et) (Middle)			Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner				5. If Amendment, Date of Original Filed (Month/Day/Year)			
					X	Officer (give title below)	Other (spe		6. Individual or Joint/Group Filing (Check Applicable Line)			
(Street) NORTHVILLE MI 48167						Senior VP IR and Co	orp Comm		X Form filed by One Reporting Person  Form filed by More than One Reporting Person			
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)					nt of Securities ally Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
Expiration I (Month/Day					3. Title and Amount of Securi Underlying Derivative Securit		4. Conversion or Exercise Price of	sion C	Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiration Date	n Title		Amount or Number of Shares	Derivative Security		Direct (D) or Indirect I) (Instr. 5)		

**Explanation of Responses:** 

## Remarks:

No securities are beneficially owned.

/s/ Yijing Brentano 04/12/2018

\*\* Signature of Reporting Person Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly.$ 

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).