SEC Form 4	
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# FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

# OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

hours per response:	0.5
Estimated average burden	

1. Name and Address of Reporting Person* Steele Barry G	r	2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>GENTHERM Inc</u> [ THRM ]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
			x	Officer (give title	Other (specify		
(Last) (First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)		below)	below)		
21680 HAGGERTY ROAD		02/22/2017		CFO/VP Finance/	Treasurer		
SUITE 101							
		4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv	idual or Joint/Group Filing	(Check Applicable		
(Street)			Line)				
	48167		X	Form filed by One Repo	orting Person		
	40107			Form filed by More thar Person	n One Reporting		
(City) (State)	(Zip)						

## Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code ( 8)	ction	4. Securities A Disposed Of (I			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		
Common Stock	02/22/2017		A		15,000 <sup>(1)</sup>	A	\$0.00	56,763	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Option to Purchase Common Stock	\$38.05	02/22/2017		A		45,000		02/22/2018 <sup>(2)</sup>	02/22/2024	Common Stock	45,000	\$0.00	45,000 <sup>(3)</sup>	D	

#### Explanation of Responses:

1. The shares represent Restricted Common Stock issued under the 2013 Equity Incentive Plan that have been granted to the Reporting Person. The shares vest in four portions; 3,750 on February 22, 2018, and 3,750 on February 22,2020 and 3,750 on February 22, 2021.

2. Purchase option shares become exercisable in five installments; 9,000 shares on February 22, 2018, 9,000 shares on February 22, 2019, 9,000 shares on February 22, 2020, 9,000 shares on February 22, 2021 and 9,000 shares on February 22, 2022.

3. The amount represents the total number of derivative securities Benefically Owned of the class shown (i.e. the same exercise price and expiration date). The Reporting Person owns a total of 155,000 Options to Purchase Common Stock of varying classes (i.e. varying exercise prices and expiration dates).

#### **Remarks:**

/s/ Barry G. Steele

ing 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.

\*\* Signature of Reporting Person

02/23/2017