FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| <i>N</i> ashington, | D.C. | 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPI | ROVAL | | | | | | |
|--|---|-------|--|--|--|--|--|--|
| | OMB Number: 3235-028 Estimated average burden | | | | | | | |
| | | | | | | | | |
| | hours per response: | 0.5 | | | | | | |

| | tion 1(b). | ande. See | | Filed | | | | | | | ies Exchang mpany Act o | | 1934 | | | nours | s per re | esponse: | 0.5 |
|--|---|-----------|---|--------|---|-------|---------------|---|---|-------|-------------------------------------|---|---|--|--|--|--------------------------------------|---|---------------------------------------|
| Name and Address of Reporting Person* Zoldos Jennifer L. | | | | | 2. Issuer Name and Ticker or Trading Symbol GENTHERM Inc [THRM] | | | | | | | | 5. Relationship of Repor (Check all applicable) Director | | | | 10% Owner | | |
| (Last) (First) (Middle) 21680 HAGGERTY ROAD | | | | - | 3. Date of Earliest Transaction (Month/Day/Year) 06/22/2021 | | | | | | | | | X Officer (give title Other (sp below) Chief Accounting Officer | | | | | specify |
| (Street) NORTH (City) | VILLE M | | 8167 Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 5. Indiv ine) X | Form | al or Joint/Group Filing (Check Applicable orm filed by One Reporting Person orm filed by More than One Reporting erson | | | | |
| | | Table | I - Non-De | erivat | tive S | Secui | rities | Acq | uired, | , Dis | posed of | , or B | enefic | ially | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | e | Execution Day/Year) if any | | ecution Date, | | Transaction Disposed (Code (Instr. 5) | | es Acquired (A Of (D) (Instr. 3, | | 4 and Secur Benet Owne | | rities ficially ed Following | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | e | Transa | Reported Transaction(s) Instr. 3 and 4) | | | (Instr. 4) |
| Common Stock 06/22/ | | | | 6/22/2 | 2021 | | F | | 121 | D | \$69 | 9.46 | .46 1,520 | | | D | | | |
| | | Ta | ble II - Der (e.g | | | | | | | | osed of, convertib | | | | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution Da if any (Month/Day/\) | ate, | 4. Transaction Code (Instr. 8) Securiti Acquire (A) or Dispose of (D) (Instr. 3, and 5) | | | vative rities iired r osed) | Expiration Date An (Month/Day/Year) Se Un De Se | | | Amour Securit Underl Derivat Securit 3 and 4 | Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | rice of ivative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | у | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code V | | (A) | (D) | Date Exercis | sable | Expiration Date | | Amount or Number of Shares | | | | | | |

Explanation of Responses:

Remarks:

/s/ Emily Johns, by Power of <u>Attorney</u>

06/24/2021

** 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.