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General Mot	ors Co										
Form 4											
April 12, 201	7										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check thi									Expires: January		
if no long subject to		EMENT O	F CHAN	GES IN	BENEF	[CIA	LOW	NERSHIP OF		Estimated average	
Section 1		SECURITIES							burden hours per		
Form 4 or	r								response	-	
Form 5 obligation	10						•	e Act of 1934,			
may cont				•	•	· ·	•	f 1935 or Section	n		
See Instru		30(h)	of the In	vestment	Compan	y Ac	t of 194	40			
1(b).											
(Print or Type F	Responses)										
La salara Chafan				Iconor				-	p of Reporting Person(s) to		
Jacoby Stefa	•	Symbol									
			General	General Motors Co [GM]				(Check all applicable)			
(Last)	(First)	(Middle)		f Earliest Tr	ansaction						
				Ionth/Day/Year)				Director 10% Owner X Officer (give title Other (specify			
300 RENAL CENTER, N	SSANCE 1/C: 482-C23-	D24	04/10/2	017				below)	below)		
	(Street)		4. If Ame	ndment, Da	te Origina	l		6. Individual or Jo	oint/Group Filir	1g(Check	
· · · · · · · · · · · · · · · · · · ·				ed(Month/Day/Year)				Applicable Line)			
								X Form filed by C			
DETROIT,	MI 48265-300	0						Form filed by M Person	lore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of	2. Transaction D	Date 2A. Deer	n Date, if Transaction(A) or Disposed of (D)					5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Yea								Form: Direct		
(Instr. 3)		any (Month/	Day/Year)	Code (Instr. 8)	(Instr. 3,	4 and	5)	Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership	
		(INIOIILII)	(1150. 0)						(Instr. 4)		
						(A)		Reported	,	,	
						(A) or		Transaction(s)			
				Code V		(D)	Price	(Instr. 3 and 4)			
Common Stock	04/10/2017			S	2,670 (1)	D	\$ 33.85	83,065	D		

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

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 control number.

 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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships							
F	Director	10% Owner	Officer	Other				
Jacoby Stefan 300 RENAISSANCE CENTER M/C: 482-C23-D24 DETROIT, MI 48265-3000			Executive Vice President					
Signatures								
/s/ Tia Y. Turk, Attorney-In-Fact f Jacoby	04/12/2017							
**Signature of Reporting Person		Date						

Explanation of Responses:

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).

The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person in November (1) 2016. Upon entry into the plan, the Reporting Person provided instructions to his broker to sell shares in quantities and at prices determined at that time. Pursuant to the terms of the plan, the Reporting Person has no discretion to modify those instructions.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.