TECOGEN INC. Form 4 January 04, 2017

## 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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction 1(b).

**OMB APPROVAL** 

**OMB** 3235-0287 Number:

January 31, Expires: 2005

Estimated average burden hours per response... 0.5

(Print or Type Responses)

(Last)

(City)

| 1. Name and Address of Reporting Person |
|---|
| MAXWELL CHARLEST                        |

(Middle)

(Zip)

C/O TECOGEN INC., 45 FIRST **AVE** 

(Street)

(State)

(First)

2. Issuer Name and Ticker or Trading Symbol

#### TECOGEN INC. [TGEN]

3. Date of Earliest Transaction (Month/Day/Year)

12/23/2016

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

\_X\_\_ Director 10% Owner Other (specify Officer (give title below)

4. If Amendment, Date Original

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

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

#### WALTHAM, MA 02451

|                                      |   | 1401  |   |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |            | arrea, Erspeseare  | ,, 01 20110110111  | -j  |
|--------------------------------------|---|---|---|--|---|------------|--|--|---|
| 1.Title of<br>Security<br>(Instr. 3) | 2. Transaction Date<br>(Month/Day/Year) | 2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 3.<br>Transaction<br>Code<br>(Instr. 8) | Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) |   |            | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|                                      |   |   | Code V                                  | Amount   | (A)<br>or<br>(D)                        | Price      | Reported Transaction(s) (Instr. 3 and 4)                         | (11311 1)  | (11011)   |
| Common<br>Stock                      | 12/23/2016                              |   | P                                       | 1,600  | A                                       | \$<br>3.86 | 76,600   | D  |   |
| Common<br>Stock                      | 12/28/2016                              |   | P                                       | 69   | A                                       | \$<br>3.92 | 76,669   | D  |   |
| Common<br>Stock                      | 12/29/2016                              |   | P                                       | 4,200  | A                                       | \$<br>3.95 | 80,869   | D  |   |
| Common<br>Stock                      | 12/29/2016                              |   | P                                       | 9,800  | A                                       | \$<br>3.85 | 90,669   | D  |   |
| Common<br>Stock                      | 12/29/2016                              |   | P                                       | 1,200  | A                                       | \$<br>3.84 | 91,869   | D  |   |

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| Common<br>Stock | 12/30/2016 | P | 200    | A | \$<br>3.95 | 92,069  | D |
|-----------------|------------|---|--------|---|------------|---------|---|
| Common<br>Stock | 12/30/2016 | P | 700    | A | \$4        | 92,769  | D |
| Common<br>Stock | 01/04/2017 | P | 11,000 | A | \$<br>3.85 | 103,769 | D |
| Common<br>Stock | 01/04/2017 | P | 1,000  | A | \$<br>3.84 | 104,769 | 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.

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of | 2.          | 3. Transaction Date | 3A. Deemed         | 4.                | 5.         | 6. Date Exer | cisable and | 7. Titl | le and   | 8. Price of |  |
|-------------|-------------|---------------------|--------------------|-------------------|------------|--------------|-------------|---------|----------|-------------|--|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if | TransactionNumber |            | Expiration D | ate         | Amou    | ınt of   | Derivative  |  |
| Security    | or Exercise |                     | any                | Code              | of         | (Month/Day/  | Year)       | Under   | lying    | Security    |  |
| (Instr. 3)  | Price of    |                     | (Month/Day/Year)   | (Instr. 8)        | Derivativo | e            |             | Secur   | ities    | (Instr. 5)  |  |
|             | Derivative  |                     |                    |                   | Securities | 3            |             | (Instr. | 3 and 4) |             |  |
|             | Security    |                     |                    |                   | Acquired   |              |             |         |          |             |  |
|             | ·           |                     |                    |                   | (A) or     |              |             |         |          |             |  |
|             |             |                     |                    |                   | Disposed   |              |             |         |          |             |  |
|             |             |                     |                    |                   | of (D)     |              |             |         |          |             |  |
|             |             |                     |                    |                   | (Instr. 3, |              |             |         |          |             |  |
|             |             |                     |                    |                   | 4, and 5)  |              |             |         |          |             |  |
|             |             |                     |                    |                   |            |              |             |         |          |             |  |
|             |             |                     |                    |                   |            |              |             |         | Amount   |             |  |
|             |             |                     |                    |                   |            | Date         | Expiration  |         | or       |             |  |
|             |             |                     |                    |                   |            | Exercisable  | Date        | Title   | Number   |             |  |
|             |             |                     |                    |                   |            | Excicisuoie  | Dute        |         | of       |             |  |
|             |             |                     |                    | Code V            | (A) (D)    |              |             |         | Shares   |             |  |

# **Reporting Owners**

| Reporting Owner Name / Address  | Relationships |           |         |       |  |  |  |
|---|---------------|-----------|---------|-------|--|--|--|
|   | Director      | 10% Owner | Officer | Other |  |  |  |
| MAXWELL CHARLEST<br>C/O TECOGEN INC.<br>45 FIRST AVE<br>WALTHAM, MA 02451 | X             |           |         |       |  |  |  |
| Ciara atrusa a  |               |           |         |       |  |  |  |

## Signatures

/s/ Charles T. 01/04/2017 Maxwell

\*\*Signature of Date Reporting Person

2 Reporting Owners

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# **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).

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.