Edgar Filing: Benjamin Locke M. - Form 4

| Benjamin Lo Form 4 | ocke M. | | | | | | | | | | |
|--|------------------------------------|--|---|---|--------------------|--------------------|------------|--|---|------------------------|--|
| November 14 | 4, 2017 | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | | | ОМВ | 9PROVAL 3235-0287 | | |
| Check thi if no long subject to Section 1 Form 4 o Form 5 obligation may cont <i>See</i> Instru 1(b). | 6. r Filed p ns inue. | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section | | | | | | | Expires: January 31 Expires: 2005 Estimated average burden hours per response 0.5 | | |
| (Print or Type F | Responses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> Benjamin Locke M. | | | 2. Issuer Name and Ticker or Trading Symbol | | | | ıg | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | | | TECOGEN INC. [TGEN] | | | | | (Check all applicable) | | | |
| 45 FIRST AVE (Mon 11/1 (Street) 4. If | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/14/2017 | | | | | Director X Officer (give below) | | o Owner er (specify | |
| | | | | . If Amendment, Date Original iled(Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) | | | |
| WALTHAM | I, MA 02451 | | | | | | | _X_ Form filed by 0 Form filed by N Person | | | |
| (City) | (State) | (Zip) | Table | e I - Non-D | erivative S | Securi | ties Acc | quired, Disposed of | f, or Beneficial | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction D (Month/Day/Yea | ar) Executio any | emed on Date, if 'Day/Year) | 3. Transactio Code (Instr. 8) Code V | on(A) or Di (D) | 4 and (A) or | d of | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| Common Stock | 11/14/2017 | | | Р | 2,000 | A | \$ 2.64 | 3,418 | 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. Transacti Code (Instr. 8) | Securities Acquired (A) or Disposed of (D) | | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|---------------------------------------|--|---------------------|--------------------|---|--|---|--|
| | | | | Code V | (Instr. 3, 4, and 5) (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Edgar Filing: Benjamin Locke M. - Form 4

Reporting Owners

| Reporting Owner Name / Addr | . ess | Relationships | | | | | | |
|--|--------------|---------------|---------|-------|--|--|--|--|
| Reporting Owner Function | Director | 10% Owner | Officer | Other | | | | |
| Benjamin Locke M. 45 FIRST AVE WALTHAM, MA 02451 | | | Co-CEO | | | | | |
| Signatures | | | | | | | | |
| Benjamin Locke | 11/14/2017 | | | | | | | |
| <u>**</u> Signature of | Date | | | | | | | |

Reporting Person 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.