Edgar Filing: Stephenson Carol - Form 4

| Stephenson C Form 4 November 24 | | | | | | | | | | | |
|--|--|------------------|--|--------------------------------------|--|---|--|--|-----------|--|--|
| | | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | OMB Number: | 3235-0287 | | | |
| Check this if no long subject to Section 16 Form 4 or | IGES IN BENEFICIAL OWNERSHIP (SECURITIES | | | | | Expires: Estimated a burden hou response | irs per | | | | |
| Form 5 obligations may continue. See Instruction 1(b). 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 30(h) of the Investment Company Act of 1940 | | | | | | | | | | | |
| (Print or Type R | esponses) | | | | | | | | | | |
| Stephenson Carol Symb | | | 2. Issuer Name and Ticker or Trading Symbol General Motors Co [NO SYMBOL] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| (Last) | (First) (Mi | ddle) 3. Date of | 3. Date of Earliest Transaction | | | | (Check all applicable) | | | | |
| (Month/I | | | 1/23/2010 | | | | X_ Director 10% Owner Officer (give title Other (specify below) below) | | | | |
| (Street) 4. If Am | | | Amendment, Date Original | | | 6. Individual or Joint/Group Filing(Check | | | | | |
| Filed(Month/Day/Year) DETROIT, MI 48265-3000 | | | | | | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (State) (Z | Zip) Tabl | e I - Non-D | erivative S | ecuri | ties Ac | quired, Disposed o | f, or Beneficial | lly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed | 3. Transactio Code (Instr. 8) | 4. Securit onAcquired Disposed | ties (A) o of (D 4 and (A) or | or)) | 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 | 11/23/2010 | | Р | 800 | А | \$ 33 | 800 | 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)

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| 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 | ınt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|-------|--|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|--|---------------|-----------|----------|-------|--|--|--|--|
| i o | Director | 10% Owner | Officer | Other | | | | |
| Stephenson Carol 300 RENAISSANCE CENTER M/C: 482-C25-A36 DETROIT, MI 48265-3000 | Х | | | | | | | |
| Signatures | | | | | | | | |
| /s/ Anne T. Larin, attorney-in-fac Stephenson | | 11, | /24/2010 | | | | | |
| **Signature of Reporting Pe | | 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).

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.