FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPRO	OVAL					
OMB Number:	3235-0287					
Estimated average burden						
hours per response.	0.5					

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses) 1. Name and Address of Reporting Person * GARRISON DAVID A				2. Issuer Name and Ticker or Trading Symbol TECOGEN INC. [TGEN]								5.	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Last) (First) (Middle) C/O TECOGEN INC., 45 FIRST AVE				3. Date of Earliest Transaction (Month/Day/Year) 05/16/2016							r)		Director 10% Owner X Officer (give title below) Other (specify below) CFO, Treasurer and Secretary				
(Street) WALTHAM, MA 02451			4. If Amendment, Date Original Filed(Month/Day/Year)							Year)		6. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting Person Form filed by More than One Reporting Person					
(Cit		(State)	(Zip)	Table I - Non-Derivative Securities Acquir						Acquire	ired, Disposed of, or Beneficially Owned						
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Dat any (Month/Day/Y		ate, if			(A) or Disposed		osed o	of (D) Owned Follow)		Ownership Form: Direct (D)	Beneficial Ownership	
						Code		/ Am		A) or (D)	Price				or Indirect (I) Instr. 4)	instr. 4)	
1. Title of 2. Derivative Convers Security (Instr. 3) Price of Derivati Security		3. Transaction Date Exercise (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)				5. Num of Derive Securi Acqui (A) or	Number 6. Excrivative (Mocurities equired) or sposed		Expiration Date (Month/Day/Year)					9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	Form of Derivative Security: Direct (D) or Indirec	(Instr. 4)	
				Code	v	(Instr. and 5)		Date Exercis	sable	Expira Date	tion	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Stock Option	\$ 3.93	05/16/2016		A		6,362			/2016	05/12	/2026	Stock Option (Right		\$ 3.93	6,362	D	

D	Relationships							
Reporting Owner Name / Address	Director 10% Owner		Officer	Other				
GARRISON DAVID A								
C/O TECOGEN INC.			CFO, Treasurer and Secretary					
45 FIRST AVE								
WALTHAM, MA 02451								

Signatures

David A. Garrison	05/18/2016
**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).
- (1) These options were granted in connection with the Ilios Inc. merger, where individuals who held options of Ilios Inc. were granted Tecogen Inc. options.

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.