

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

OMB APPROVAL OMB 3235-Number: 0104 Estimated average burden hours per 0.5 response...

INITIAL STATEMENT OF 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

rable I - N	4. Rela Person((X Di Of title belov	tionship (s) to Is Check a irector ficer (give	p of R	Leporting Leporting Dicable) 10% O Other (N]	5. If Amen Filed(Month	dment, Date Original
Гable I - N	4. Rela Person((_X_Di _Oftitle below	tionship (s) to Is Check a frector ficer (give	p of R ssuer all app	Deporting	wner	Filed(Month	
Гable I - N	Person(_X_ Di Of title below	(s) to Is Check a frector frector (give	ssuer all app	olicable) 10% O Other (wner	Filed(Month	_
	Person(_X_ Di Of title below	(s) to Is Check a frector frector (give	ssuer all app	olicable) 10% O Other (wner	Filed(Month	
	XDi Of title below	Check a frector ficer (give	all app	10% O Other (wner		/Day/Year)
	X Di Of title below	irector ficer (give	e	10% O Other (wner		
	Of title below	ficer (give		Other (
		v)	bel			6. Individu	al or Joint/Group
				ow)		Filing(Check	k Applicable Line)
							d by One Reporting Person I by More than One Reporting
	, D					Person	r by whore than one resporting
2 Amount of	Non-Dei	rivativ	ve Se	curitie	s Ben	eficially (Owned
z. Amount o	f Securit	ies	3.		4. Nat	ure of Indire	ect Beneficial
Beneficially	Owned			ership	Owne		
Instr. 4)				: Direct	(Instr.	5)	
				` '			
			(111011		ПЧЧ	in the Dex	zideen Femily Truet
9,044				I		iii tile Dav	ruson ranning trust
Owned (e.g	of inform display g., puts, itle and A	nation s a cu calls, w	cont rrent varra	ained i ly valic nts, opti 4.	n this I OME	onvertible s	6. Nature of Indirect
Deri	ivative Se			or Exerc	cise I	Form of	Beneficial Ownership (Instr. 5)
tion		Numbe	er of		7 I	Direct (D) or Indirect I)	
(Rig	ght to	100,0	00	\$ 4.27		D	
Ont							
(Rig	ght to	25,000	0	\$ 5.39		D	
t t	O,044 Prities benefication of the form Owned (e. 3. T Sect Der (Institute) (2026 Opt (Right) (2024 Opt (Right) (2024 Opt (Right)	Owned (e.g., puts, 3. Title and A Securities Ur Derivative So (Instr. 4) ition Title Stock Option (Right to Buy) Stock	Owned (e.g., puts, calls, volume of the form displays a curve of the form	Owned (e.g., puts, calls, warra 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) ion Title Stock Option (Right to Buy) Stock Option (Right to Right to Right to Right to Right) (2024 Option (Right to Right to Right) (Right to Right to Right to Right to Right) (2024 Option (Right to Right to Right) (2024	(D) or Indirect (I) (Instr. 5) 2,044 I prities beneficially owned directly or indirect in the form displays a currently valid of the	(D) or Indirect (I) (Instr. 5) 1	(D) or Indirect (I) (Instr. 5) 1 Held in the Day (1) Intities beneficially owned directly or indirectly. Intities beneficially owned directly. Intities beneficially owned by the following of the formation of the forma

Reporting Owner Name / Address		Relationsh	nips	
Reporting Owner Name / Address	Director	10% Owner	Officer	Other
Davidson Keith C/O TECOGEN INC.				

45 FIRST AVE. WALTHAM, MA 02451	X	
Signatures		
/s/ David A. Garrison, Power of	Attorney	09/20/2016
**Signature of Reporting Person		Date

Explanation of Responses:

**Signature of Reporting Person

- * If the form is filed by more than one reporting person, see Instruction 5(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) Mr. Davidson and his Wife are the Trustees and Trustors of the Davidson Family Trust and they are also the Beneficiaries of the trust.
- (2) 25% of these options vest on each of the first 4 anniversaries of the grant date.

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.