FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL							
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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

1. Name and Address of Reporting Person * ALBERTINE JOHN M		2. Date of Event Requiring Statement (Month/Day/Year) 12/19/2022 3. Issuer Name and Ticker or Trading Symbol TECOGEN INC. [TGEN]								
(Last)	(First)	(Middle)			Relationship of Reporting Person(s) to Issuer (Check all applicable)			5. If Amendment, Date of Original Filed (Month/Day/Year)		
100 FEDERAL DRIVE				X Director Officer (give title	10% Owner Other (speci		Individual or Joint/Group Filing (Check Applicable Line)			
(Street) FREDERIC	CKSBURG VA	22405 (Zip)	-		below)	below)			y One Reporting Person y More than One Reporting	
			Table I - No	n-Deriva	tive Securities Beneficially (Owned				
			Beneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)				
					ve Securities Beneficially Ow ants, options, convertible se					
1. Title of Derivative Security (Instr. 4)		2. Date Exercisable and Expiration Date (Month/Day/Year)		d 3. Title and Amount of Securities Underlyin Derivative Security (Instr. 4)		4. Conversion or Exercise	e (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
		Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	Indirect (I) (Instr. 5)			
Stock Optio	on (Right to Buy)		12/07/2023(1)	12/07/2032	Stock Option (Right to Buy)	100,000	1.41	D		

Explanation of Responses:

1. Vest 25% per year

Remarks:

/s/ John M. Albertine

12/19/2022

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $Note: File three \ copies \ of \ this \ Form, \ one \ of \ which \ must \ be \ manually \ signed. \ If \ space \ is \ insufficient, \ see \ Instruction \ 6 \ for \ procedure.$

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 Number.

 $^{^{\}star}$ 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).