FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| ı | OMB APPROVAL | | | | | | | | |
|---|-------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| l | Estimated average burde | en | | | | | | | |
| l | 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).

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* Dykman Steven A | | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>GENTEX CORP</u> [GNTX] | | | | | | | | | tionship o all applic Director | able) | Perso | on(s) to Issu 10% Ov | |
|--|---|--|--|------------|---------------------------------------|---|---|------|---|-------|---|-----------------|---------------------------------------|-------------------|--|---|----------------|--|---------------------------------------|
| (Last) | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/29/2009 | | | | | | | | Officer below) | (give title | | Other (s below) | · . |
| (Street) HUDSONVILLE MI 49426 | | | | | 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Indiv ne) X | Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | Person | | | | |
| | | Tal | ole I - Non | ı-Deri | vativ | e Se | curitie | s Ac | quired, | Dis | posed o | f, or Be | neficia | lly (| Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/Date) | | | | | | ear) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed Of Code (Instr. | | ies Acquired (A) o Of (D) (Instr. 3, 4 | | and 5) Securitie Benefici | | s ally ollowing | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Transaci | | tion(s) | | | (Instr. 4) |
| Common Stock 12/29/ | | | | | 29/200 | /2009 12/29/2009 | | A | | 6,000 | A | \$0.0 | 0(1) | 19,486 | | | D | | |
| | | | Table II - I | | | | | | | | osed of, onvertib | | | y Oı | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution D if any (Month/Day/ | ate, | 4. Transactio Code (Instr 8) | | n of | | 6. Date Exercisal Expiration Date (Month/Day/Year | | of Securit Underlyin | | rities /ing ive Security | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e s illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisabl | | Expiration Date | Title | Amour or Number of Shares | r | | | | | |
| Employee Stock Option (Right to Buy) | \$18.03 | 12/29/2009 | 12/29/200 | 12/29/2009 | | | 13,860 | | 12/29/2010 | (2) | 12/29/2016 | Common Stock | 13,86 | 0 4 | \$18.03 ⁽³⁾ | 13,860 |) | D | |

Explanation of Responses:

- 1. Shares granted under the Gentex Corporation Restricted Stock Plan, which is a Rule 16B-3 Plan.
- 2. These shares become exercisable as to 20% one year after date of grant and an additional 20% at each ensuing anniversary date.
- 3. Options granted under the Gentex Corporation Employee Stock Option Plan, which is a Rule 16B-3 Plan.

Remarks:

/s/ Steven A. Dykman

12/31/2009

** Signature of Reporting Person

Date

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

- * 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.

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.