FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

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

MORAN J TERRY Requiring S (Month/Day			Date of Event Requiring Staten Month/Day/Year	nent	3. Issuer Name and Ticker or Trading Symbol GENTEX CORP [GNTX]						
(Last) (First) (Middle)					Relationship of Reporting Pers (Check all applicable) X Director		son(s) to Issuer		5. If Amendment, Date of Original Filed (Month/Day/Year)		
					21	Officer (give title below)	Other (spe			lividual or Joint cable Line)	/Group Filing (Check
(Street) ROCKFORD	MI	49341				,	,		X		y One Reporting Person y More than One erson
(City)	(State)	(Zip)									
		Т	able I - Non	-Derivat	ive Se	curities Beneficiall	y Owned				
1. Title of Securit	ty (Instr. 4)					nt of Securities ally Owned (Instr. 4)	3. Ownersh Form: Direct or Indirect ((Instr. 5)	t (D) (4. Natı (Instr.		Beneficial Ownership
							(- 1			
Common Stock	ς					32,000	I		Indivi	idual Retirem	nent Account
Common Stock	((e. <u>(</u>				32,000 urities Beneficially ptions, convertible	I Owned		Indivi	idual Retirem	nent Account
Common Stock 1. Title of Derivation				is, warra	nts, o	urities Beneficially	Owned securities		sion cise	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)

Explanation of Responses:

Remarks:

<u>/s/ J Terry Moran</u>

05/11/2006

** 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).