FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | S IN BENEFICIAL | OWNERSHIP |
|------------------|------------|-----------------|-----------|

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| 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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| | | | | | or s | Section | 30(h) | of the | Invest | ment C | Company Act | of 1940 | | | | | | |
|--|---|--|-----------------|-------------------------------------|------------------------------|---|--|---------------------------------|---|------------------------------|--------------------------|--|--|---|---|--|---|--|
| 1. Name and Address of Reporting Person* <u>Boehm Neil</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol GENTEX CORP [GNTX] | | | | | | | | 5. Relati Check a | ll app | licable) ctor | g Person(s) to Is | Owner |
| (Last) (First) (Middle) 600 NORTH CENTENNIAL STREET | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/28/2019 | | | | | | | | X | belov | , | Other below ology Officer | , |
| (Street) ZEELAN (City) | | | 19464 Zip) | | - 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tabl | e I - I | Non-Deriv | /ative | Sec | uritie | s Ac | quire | ed, D | isposed o | f, or E | Benefici | ally O | wne | ed | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye | | | | Execution Date, | | | | | Acquired (A) or (D) (Instr. 3, 4 and | | d 5) Secu Bene Own | | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | - 1 | Repor Trans (Instr. | action(s) 3 and 4) | | (Instr. 4) |
| Common | Stock | | | 03/28/20 | 019 | | | | S ⁽¹⁾ | | 6,920 | D | \$20.54 | ·15 ⁽²⁾ | 3 | 3,277 | D | |
| Common | Common Stock 03/29/20 | | | 019 | .9 | | P ⁽³⁾ | V | 588 | A | \$17. | 17.58 | | 33,865 | | | | |
| | | Та | ble I | | | | | | | | posed of, convertib | | | - | ned | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execu if any | eemed Ition Date, h/Day/Year) | 4. Transa Code (8) | | 5. Num of Derive Secun Acqu (A) or Dispo of (D) (Instr. and 5 | ative rities ired osed | Expir (Mon | te Exer ation I th/Day | (Year) | 7. Title Amour Securit Underl Derivat Securit and 4) | nt of ties ying | 8. Prior Deriva Secur (Instr. | tive ty | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

- 1. The sale reported in this Form 4 was effected pursuant to a Rule 10b5-1 trading plan.
- 2. This transaction was executed in multiple trades at prices ranging from \$20.41 to \$20.62. The price reported above reflects the weighted average price.
- 3. Shares purchased through the Gentex Corporation Employee Stock Purchase Plan, a Section 423(b) plan

Remarks:

/s/ Robert L. Hughes for Neil J 04/01/2019 Boehm by Power of Attorney

** 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.