SEC For	m 4 FORM				T - 0					. –								
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549														OMB APPROVAL			
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).				STATEMENT OF CHANGES IN BENEFICIAL OWNERS												IIP OMB Number: 3235-0287 Estimated average burden hours per response: 0.5		
1. Name and Address of Reporting Person [*] SCHOEWE THOMAS M													heck all a	pplicable) rector	10% Owner		/ner	
(Last) (First) (Middle) 300 RENAISSANCE CENTER					3. Date of Earliest Transaction (Month/Day/Year) 12/31/2020									ficer (give low)	give title Other (specif below)		pecify	
M/C: 482-C24-A68 (Street) DETROIT MI 48265-30 (City) (State) (Zip)				00	4. lf									Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tab	le I - Nor	-Deriv	ative	Sec	curitie	s Ac	quired, l	Disp	oosed o	of, or B	eneficia	ally Ow	ned			
1. Title of Security (Instr. 3) Date (Month/D					ar) i	2A. Deem Executior f any Month/D	n Date	, Transaction Dispose Code (Instr. 5)			ities Acquired (A) d Of (D) (Instr. 3, 4		nd Sec Ben Owr	mount of urities eficially ned Follow	Form (D) c	orm: Direct	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) ((D)	or Price	Trai	orted saction(s) tr. 3 and 4)		(`	Instr. 4)
		Т	able II - I	Deriva e.g., p	tive S uts.	Secu calls	urities s. warr	Acq ants	uired, Di s, option	ispo s. c	osed of onverti	, or Ber ble sec	neficial urities	ly Own	ed			
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date ecurity or Exercise (Month/Day/Year		3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number of		6. Date Exercisal Expiration Date (Month/Day/Year		ble and	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price Derivat Securit (Instr. 5	ive deriv y Secu 5) Bene Own Follo Repo	owing orted saction(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amoun or Numbe of Shares	·				
Deferred Share Units ⁽¹⁾	(2)	12/31/2020			Α		4,436		(2)		(2)	Common Stock	4,436	\$30.48	(3)	39,583	D	
Deferred Share Units ⁽⁴⁾	(2)	12/31/2020			A		753		(2)		(2)	Common Stock	753	\$18.32	(5)	40,336	D	
Explanation	n of Respons	Ses:	•				-			,		-	*	*				*

1. Deferred Share Units ("DSUs") were awarded pursuant to the General Motors Company Deferred Compensation Plan for Non-Employee Directors (the "Plan"). Under the Plan, each non-employee director is required to defer one-half of the \$305,000 annual retainer fee for service on the Board of Directors into DSUs and may elect to defer more.

2. Amounts credited as DSUs will be paid in cash after the non-employee director leaves the Board, valued at the average closing price of the Company's Common Stock during the quarter immediately preceding payment.

3. The price of the DSUs is the average closing price of the Company's Common Stock during the previous calendar year.

4. Represents dividends accrued on DSUs in 2020 that were credited as additional DSUs at the end of the year pursuant to the terms of the Plan.

5. The dividends were converted to DSUs based on the average of the high and low trading price of the Company's Common Stock on the applicable dividend payment date.

Remarks:

<u>/s/ Tia Y. Turk, Attorney-In-</u> Fact for Mr. Schoewe	01/05/2021
** 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.