FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
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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

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1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol General Motors Co [GM]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
FERGUSON ROBERT E				1					,						Direc	ector		10% C	wner		
				·									_	X		er (give title			(specify		
(Last)	(Fi	rst) (st) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)								belov	,		below)		
300 RENAISSANCE CENTER					12/	12/31/2011									Vice President						
M/C: 482-C25-A36																					
				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6	6. Individual or Joint/Group Filing (Check Applicable							
(Street)						, =									Line)						
DETROIT MI 48265-3000				00											X Form filed by One Reporting Person						
DLTROI	1 1/1		+0205-501													Form filed by More than One Reporting Person					
(City)	(St	ate) (Zip)													1 013	011				
		Tabl	e I - Nor	n-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, or	Bene	eficia	ally (Owne	ed				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispose Code (Instr. 5)		rities Acquired (A ed Of (D) (Instr. 3,			4 and Se		5. Amount of Securities Beneficially Owned Following Reported		nership Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
										v	Amount		(A) or (D)	Price	.	Transaction(s) (Instr. 3 and 4)				(11150.4)	
Common Stock ⁽¹⁾ 12/31					1/201	1			М		9,340	0 A		\$0	(2)	25,650			D		
		Та	ıble II - C								sed of, onvertib				y Ov	vned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date, Transaction Code (Instr.		n of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	O F- D OI (I)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	or Nun of	ount nber res							

Explanation of Responses:

1. The SSUs reported in this item were granted on December 31, 2011 pursuant to the GMSSP and were fully vested upon grant. The SSUs will be delivered in the form of shares of Common Stock in three equal, annual installments beginning on December 31, 2012.

2. The SSUs do not have an expiration or exercise date or carry a conversion or exercise price. Each SSU is the economic equivalent of one share of Common Stock. Under the GMSSP, the Fair Market Value of the Common Stock is the average of the high and low trading prices for the Common Stock as reported on the New York Stock Exchange, on which the Common Stock is listed, on the date of the transaction, which was \$20.21.

> /s/ Anne T. Larin, attorney-infact for Mr. Ferguson

01/04/2012 ** 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.