FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287

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

| 1. Name and Address of Reporting Person* KREBS ROBERT D | | | | | | 2. Issuer Name and Ticker or Trading Symbol General Motors Co [GM] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|--|---|--|---|-------|------------------------------|---|-----|-----|------------------------------------|--------|---|---|--------------------------------|----------------------|--|---|--|--|--|
| - | | | | | | | | | | | | | | | X Dire | ctor cer (give title | 10% C | Owner (specify | |
| (Last) (First) (Middle) 300 RENAISSANCE CENTER | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/10/2011 | | | | | | | | | belo | | below | | |
| M/C: 482-C25-A36 | | | | | 1 If | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6 Ir | 6. Individual or Joint/Group Filing (Check Applicable | | | | |
| (Street) | | | | | 7. " | monoment, bac or original rica (monumbay/rear) | | | | | | | | Line | Line) X Form filed by One Reporting Person | | | | |
| DETROI | , | | 48265-3000 | | | | | | | | | | | | For | Form filed by More than One Reporting Person | | | |
| (City) | (State) (Zip) | | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Execution Date, | | | Transaction Code (Instr. 5 | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 45) | | | | Secui | ficially ed Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A (D |) or) | Price | Trans | action(s) . 3 and 4) | | (iiisti. 4) | |
| Common Stock 03/10/2 | | | | | /2011 | 2011 | | | P | | 5,000 | | A | \$ <mark>31.6</mark> | 7 | 5,000 | D | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 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, | 4. Transa Code (8) | | of | | 6. Date E Expiratio (Month/E | n Date | е | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | S (I | Price of erivative ecurity nstr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | Amo or Num of Shar | ber | | | | | |

Explanation of Responses:

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

03/11/2011

** 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.