Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL OMB Number: 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* Ammann Daniel				General Motors Co [GM]								heck all ap Dire	plicable) ctor		10% Ov	wner		
(Last) (First) (Middle) 300 RENAISSANCE CENTER M/C: 482-C25-A36			3. Date of Earliest Transaction (Month/Day/Year) 03/31/2011								^ belo	Officer (give title Other (s below) Urce President & Treasurer			респу			
(Street)		I	48265-30	00	4.1	f Am	endment, [Date o	of Origina	I Filed	(Month/Da	ay/Year)		ne) <mark>X</mark> For	n filed by n filed by	One Rep	g (Check Ap orting Perso n One Repo	n
(City)	(S		(Zip)			- 0				D'-		D			1			
1. Title of Security (Instr. 3) 2. Tran				2. Tran	saction				Deemed 3. cution Date, Transaction Code (Instr.					5. An Secu Bene Own	ount of rities ficially ed Followin	Fori	m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) (D)	Price		action(s) 3 and 4)			(Instr. 4)
Common Stock ⁽¹⁾			03/3	31/201	/2011			М		20,78	8 A	\$00	1)	20,788		D		
Common Stock ⁽¹⁾		03/3	31/201	./2011		F		7,858		\$31.	28	3 12,930		D				
		-	Гable II -								osed of converti			y Owne	d			
1. Title of Derivative Security (Instr. 3)	Conversion Date or Exercise (Month/Day/Year) i		Execution Date, if any		4. Transaction Code (Instr. 8)				6. Date Exercisal Expiration Date (Month/Day/Year		e of Securities		ities ng e Security	Derivati Security	deriva Secur Benef Owne Follov Repor	rities ficially d wing rted action(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares					
Salary Stock Units ⁽²⁾	\$0 ⁽³⁾	03/31/2011			A		16,385		(2)		(2)	Commor Stock	16,385	\$0 ⁽²⁾	10	5,385	D	
Restricted Stock	\$0 ⁽¹⁾	03/31/2011			M		20,788		(1)	T	(1)	Commor	20,788	(1)		0	D	

Explanation of Responses:

Units⁽¹⁾

- 1. (1) The Common Stock reported in this item was granted under the Company's 2009 Long-Term Incentive Plan (the "LTIP") on March 31, 2011. These shares were fully vested upon grant but are subject to restrictions on transfer until February 10, 2014. At the same time as this grant of restricted shares of Common Stock, the 20,788 restricted stock units (the "RSUs") granted to the employee on February 10, 2011 were cancelled. The RSUs did not have any conversion or exercise price or date.
- 2. (2) The Salary Stock Units ("SSUs") were awarded on March 31, 2011 pursuant to the Company's Salary Stock Plan (the "GMSSP"), and will be settled in three equal, annual installments beginning on March 31, 2012. Each SSU is fully vested and represents a right to receive one share of the Company's common stock on the applicable settlement date; provided, however, that if a settlement date occurs prior to the date that is six months following a consummation of an initial public offering of the Company's common stock, which occurred on November 17, 2010, the SSU will be settled by the delivery of cash (with certain exceptions) in an amount equal to the Fair Market Value (as defined in the GMSSP) of the Company's common stock as of the applicable anniversary date of the SSU's grant. The SSUs do not have an
- 3. (3) The SSUs do not carry a conversion or exercise price

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

04/04/2011

** 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.