## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|
|             |      |       |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

| OMB APPROVAL             |           |  |  |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number:              | 3235-0287 |  |  |  |  |  |  |  |  |
| Estimated average burden |           |  |  |  |  |  |  |  |  |
| hours per response:      | 0.5       |  |  |  |  |  |  |  |  |

| Instruct   | tion 1(b).  |   |                     | File  |          | to Section 1<br>ion 30(h) of t                              |                                      |          |  |                            |  |   | 34   |  | liouis  | рег гезропзе. | 0.5                   |  |
|--|---|---|---------------------|---|----------|---|--------------------------------------|----------|--|----------------------------|--|---|--|--|---|---------------|-----------------------|--|
| 1. Name and Address of Reporting Person* <u>Stephenson Carol</u> |   |   |                     | 2. Issuer Name and Ticker or Trading Symbol General Motors Co [ NO SYMBOL ] |          |   |                                      |          |  |                            |  | Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner |  |  |   |               |                       |  |
|  | 300 RENAISSANCE CENTER  |   |                     |   |          | 3. Date of Earliest Transaction (Month/Day/Year) 11/23/2010 |                                      |          |  |                            |  |   |  | Offi<br>bel  | cer (give title<br>ow)                              |               | Other (specify below) |  |
| M/C: 482-C25-A36   |   |   |                     | 4. If Amendment, Date of Original Filed (Month/Day/Year)                    |          |   |                                      |          |  |                            | Individual or Joint/Group Filing (Check Applicable Line) |   |  |  |   |               |                       |  |
| (Street)  DETROI   | · ·   |   |                     |   |          |   |                                      |          |  |                            |  |   |  | X Form filed by One Reporting Persor Form filed by More than One Report Person |   |               |                       |  |
| (City)   | (St   | ate) (  | Zip)                |   |          |   |                                      |          |  |                            |  |   |  |  |   |               |                       |  |
|  |   | Tabl  | e I - Nor           | -Deriv  | ative Se | ecurities A   | Acq                                  | uired,   | Disp   | osed o                     | f, o   | r Ben   | eficia   | ally Owr   | ed  |               |                       |  |
| 1. Title of Security (Instr. 3)  2. Trans: Date (Month/L         |   |   | action<br>Day/Year) | Execution Date,   |          | Transaction Dis   |                                      | Disposed | ecurities Acquired (A<br>posed Of (D) (Instr. 3, |                            |  | nd Secu<br>Bene<br>Own  | nount of<br>rities<br>ficially<br>ed Following                                 | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)              | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |               |                       |  |
|  |   |   |                     |   |          |   |                                      | Code     | v  | Amount                     |  | (A) or<br>(D)   | Price  | Repo<br>Trans<br>(Insti  | (Instr. 4)  |               |                       |  |
| Common   | Stock   |   |                     | 11/23   | 3/2010   |   |                                      | P        |  | 800                        |  | A   | \$3  | 3  | 800 D   |               |                       |  |
|  |   | Та  |                     |   |          | urities Ac<br>s, warran                                     |                                      |          |  |                            |  |   |  | y Owne   | l   |               |                       |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)              | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | Conversion or Exercise (Month/Day/Year) Execution Date, if any Code (Month/Day/Year) Berivative (Month/Day/Year) 8) |                     | Transactio<br>Code (Inst  |          | e l   | Expiration Date (Month/Day/Year) S U |          |  | Amount of De Securities Se |  | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)   | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following | Ownership<br>Form:   | Beneficial<br>Ownership<br>(Instr. 4)               |               |                       |  |

**Explanation of Responses:** 

/s/ Anne T. Larin, attorney-infact for Ms. Stephenson

11/24/2010

\*\* Signature of Reporting Person

Amount Number

of Shares

and 4)

Title

Date

Reported Transaction(s) (Instr. 4)

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).

Code

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.

Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)

(A) (D) Date Exercisable

Expiration

Date