FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

| STATEMENT | OF CHA | NGES IN | BENEFICIAL | OWNERSHIP |
|-----------|--------|---------|------------|------------------|

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

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 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* BOWLIN JOHN D | | | | 2. Issuer Name and Ticker or Trading Symbol GENERAC HOLDINGS INC. [GNRC] | | | | | | | 5. Relationship o (Check all applic X Director | | olicable) | , | to Issuer % Owner | | | |
|---------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------------------|---------|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-------------------------------------|
| | NERAC HO | DLDINGS, INC. | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 11/03/2017 | | | | | | | | Offic below | er (give title w) | | ther (specify clow) | | |
| (Street) WAUKE | | T 5 | 53189 Zip) | | 4. If <i>i</i> | Amend | dment, | Date o | of Origin | al File | ed (Month/Da | ny/Year) | | 6. Inc Line) | Forn | n filed by O | up Filing (Che ne Reporting ore than One | |
| (City) | (5 | | | on-Deriva | tive | Seci | uritie | s Ac | auirec | l. Di | sposed o | f. or B | enefic | ially | / Owne | ed | | |
| 1. Title of Security (Instr. 3) 2. Transac | | 2. Transaction Date (Month/Day) | ion 2A. Deemed Execution Date, | | 3. 4. Securiti | | | ies Acquired (A) or Of (D) (Instr. 3, 4 and ! | | | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Indirect t Beneficial Ownership | | | | |
| | | | | | | | | | Code | v | Amount | t (A) or (D) | | Reported Transaction(s) (Instr. 3 and 4) | | tion(s) | | (Instr. 4) |
| Common | Stock | | | 11/03/20 |)17 | | | | A | | 690 | A | \$50. | 765 | 20 | ,934 | D | |
| Common Stock | | | | | | | | | | | | 59 | ,867 | I | On December 23, 2016, Mr. Bowlin transferred 59,867 shares to a Grantor Retained Annuity Trust. | | | |
| | | Та | ıble II - | | | | | | | | osed of, convertib | | | | Owned | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Dee Executii if any (Month/I | on Date, T C C Day/Year) 8 | Transaction of Code (Instr. 8) Se Ad (A Di of (Irstr. 4) Code | | 5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5 | ative rities ired osed | 6. Date Exerc Expiration Da (Month/Day/Y | | ate | 7. Title and Amount of Securities Underlying Derivative Security (Instr. : and 4) | | Derivative Security (Instr. 5) | | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | Owners Form: Direct (or Indir (I) (Inst | Beneficial Ownership ect (Instr. 4) |

Explanation of Responses:

/s/ Raj Kanuru, as Attorney in

11/07/2017

Fact

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

^{*} 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).