FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

vvdomington, D.O. 20040

| OMB APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average I | nurden | | | | | | | | |

0.5

hours per response:

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* Jenkins William D Jr | | | | | 2. Issuer Name and Ticker or Trading Symbol GENERAC HOLDINGS INC. [GNRC] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|--|--|--|---|---------|---|---|---|--------|-------------------------------------|---------|--|--|---------------|--------|---|--|---|---|--|---|--|
| JEHKIHS | vviiiiaiii | <u>D J1</u> | | | | | | | | | | | | | X | Direc | ctor | | 10% O | wner | |
| (Last) (First) (Middle) 3175 S. WINCHESTER BLVD. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/09/2019 | | | | | | | | | | Office | er (give title v) | | Other (below) | specify | |
| 31/3 3. V | VIIVCITEST | EK DEV D. | | | | | | _ | | | | | | - | | | | | | | |
| (Street) | | | | | 4. If a | Ame | ndment, | Date o | of Origina | l Filed | (Month/Da | ay/Ye | ar) | | . Indiv ine) | idual o | r Joint/Group |) Filin | g (Check A | pplicable | |
| CAMPBI | ELL CA | 4 | 95008 | | | | | | | | | | | | X | Form | n filed by One | e Rep | orting Pers | on | |
| | | | | | | | | | | | | | | | | Form Pers | n filed by Moi | re tha | ın One Rep | orting | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | 1 010 | 011 | | | | |
| | | Tabl | e I - Nor | -Deriva | ative | Sec | curitie | s Acc | quired | Dis | posed o | f, o | Bene | eficia | ally (| Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | ar) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disp Code (Instr. 5) | | Dispose | urities Acquired (A sed Of (D) (Instr. 3, | | | | Securities Beneficially | | Form (D) o | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | | Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common | mmon Stock 08/09/ | | | | /2019 | | | A | | 274 | | A | A \$73 | | 73 10,478 | | | D | | | |
| | | Та | ıble II - D | | | | | | | | 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, | 4. Transaction Code (Instr. B) | | | | 6. Date E Expiration (Month/I | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amour | | | | vative irity r. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Ownership Form: Direct (D) or Indirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | of | nber | | | | | | | |

Explanation of Responses:

/s/ Raj Kanuru, as Attorney in

Fact

** Signature of Reporting Person

Date

08/13/2019

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.