FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

| Check this box if no longer subject to Section 16. Form 4 or Form 5 | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|--|--|
| obligations may continue. See | |
| Instruction 1(b). | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 |

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* Gillette Allen | | | | | | 2. Issuer Name and Ticker or Trading Symbol GENERAC HOLDINGS INC. [GNRC] | | | | | | | | | all applic Directo | cable) | g Person(s) to Iss 10% Ov Other (s | | vner | |
|--|---|--|---|------------|---|--|-----------------------------------|--|------------------|---|----------------------|---|---------------------------------------|-----------------------------------|--------------------------------------|---|--|--|---------------------------------------|--|
| (Last) C/O GEN P.O. BOX | NERAC HO | irst) OLDINGS INC. | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/08/2013 | | | | | | | | | | below) below) Senior Vice President | | | | |
| (Street) WAUKE | | | 53189 | | _ | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | . Indivine) | | | | | | |
| (City) | (S | | (Zip) | | | | | | | D:- | | D | | | <u> </u> | | | | | |
| 1. Title of Security (Instr. 3) | | 2. Trans | 2. Transaction | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. | | | | | or 5. Am 4 and Secui Bene Owne | | nt of es ally Following | Form (D) o | : Direct r Indirect str. 4) | Ownership | | | |
| | | | | | | | | | v | Amount | (A) (D) | Price | ! | Reported Transact (Instr. 3 | orted nsaction(s) tr. 3 and 4) | | | (Instr. 4) | | |
| Common | Stock par v | value \$0.01 per s | hare | 03/08/2013 | | | | | М | | 43,41 | 5 A | \$ | 7 | 113,038 | | D | | | |
| Common | Common Stock par value \$0.01 per share | | | 03/08/2013 | | | | | F | | 21,11 | 3 D | \$34 | .03 | 91, | ,925 | D | | | |
| | | - | Table II - | | | | | | | | osed of, converti | | | | wned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution I if any (Month/Day | Date, | | Transaction Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisa Expiration Date (Month/Day/Yea | | 7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4) | | D | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | is Silly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | Amour or Number of Shares | er | | | | | | |
| Stock Option (Right to | \$7 | 03/08/2013 | | | M | | | 43,415 | (1) | | 02/10/2020 | Commor | 43,41 | 5 | \$0 | 86,830 |) | D | | |

Explanation of Responses:

1. The option provides for vesting in five (5) equal annual installments beginning on February 10, 2011, subject in each case to Mr. Gillette's continued employment with the company through the vesting date.

Remarks:

Ragen, Attorney-in-

03/12/2013

fact

** 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.