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 | |
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|-------------|------|-------|--|

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Date

| Instruc | etion 1(b). | | | Filed | | | Section 16(a) 30(h) of the In | | | | | | 34 | | liours | perie | .эропэс. | 0.5 |
|--|---|---------|---------------------------------|--|--|---|----------------------------------|--------|------------|------------------|---|--|--|--|--|--------------------|----------|-----|
| 1. Name and Address of Reporting Person* Zarcone Dominick P | | | | | 2. Issuer Name and Ticker or Trading Symbol GENERAC HOLDINGS INC. [GNRC] | | | | | | | (Ch | 5. Relationship of Repor (Check all applicable) X Director | | | rson(s) to Is | | |
| (Last) S45 W29 | (Last) (First) (Middle) S45 W29290 HWY.59 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/30/2021 | | | | | | | | Office belov | er (give title v) | | Other (s below) | specify | |
| C/O GENERAC HOLDINGS INC. | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | | |
| (Street) WAUKESHA WI 53189 | | | | | | | | | | Line | X Form | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (St | ate) (Z | Zip) | | | | | | | | | | | | | | | |
| | | Table | I - Nor | n-Deriva | tive S | ecui | rities Acq | uired, | Disp | osed of | , or | r Ben | eficia | lly Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (ADisposed Of (D) (Instr. 3) 5) | | | | Benefic Owned | ies For cially (D) Following (I) (| | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | Code | v | Amount | (A) or (D) | | Price | Transa | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | | |
| Common | Stock | | | 07/30/ | 2021 | | | A | | 54 | | Α | \$0 | 12 | 12,113 | | D | |
| | | Tal | | | | | ties Acqui varrants, | | | | | | | | d | | | |
| 1. Title of Derivative Security (Instr. 3) | rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any | | 4. Transac Code (Ir 8) | | of | 6. Date Expirati (Month/ | on Dat | | | f g | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

/s/ Raj Kanuru, Attorney in

Amount Number

of Shares

Title

<u>Fact</u>

Expiration Date

08/03/2021 ** Signature of Reporting Person

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.

(A) (D) Date Exercisable