

**UNITED STATES  
SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549**

**FORM 144  
NOTICE OF PROPOSED SALE OF SECURITIES  
PURSUANT TO RULE 144 UNDER THE SECURITIES ACT OF 1933**

**ATTENTION:** Transmit for filing 3 copies of this form concurrently with either placing an order with a broker to execute sale or executing a sale directly with a market maker.

OMB APPROVAL  
OMB Number: 3235-014  
Expires: July 31, 2023  
Estimated average burden  
hours per response 1.0

SEC USE ONLY  
DOCUMENT SEQUENCE NO.

CUSIP NUMBER

WORK LOCATION

1 (a) NAME OF ISSUER (Please type or print) <b>GENCOR INDUSTRIES INC</b>		(b) IRS IDENT. NO. <b>59-0933147</b>	(c) S.E.C. FILE NO. <b>001-11703</b>	ZIP CODE <b>32810</b>	
1 (d) ADDRESS OF ISSUER <b>5201 NORTH ORANGE BLOSSOM TRAIL</b>		CITY <b>ORLANDO</b>	STATE <b>FL</b>	32810	
2 (a) NAME OF PERSON FOR WHOSE ACCOUNT THE SECURITIES ARE TO BE SOLD <b>JAMES P SHARP &amp; GINA S SHARP JT WROS</b>		RELATIONSHIP TO ISSUER <b>BOD</b>	(d) ADDRESS STREET <b>5201 NORTH ORANGE BLOSSOM TRAIL</b>	CITY <b>ORLANDO</b>	STATE <b>FL</b>
			ZIP CODE <b>32810</b>		

**INSTRUCTION:** The person filing this notice should contact the issuer to obtain the I.R.S. Identification Number and the S.E.C. File Number.

3 (a) Title of the Class of Securities To Be Sold	(b) Name and Address of Each Broker Through Whom the Securities are to be Offered or Each Market Maker who is Acquiring the Securities	SEC USE ONLY	(e) Number of Shares or Other Units To Be Sold (See instr. 3(f))	(d) Aggregate Market Value (See instr. 3(f))	(e) Number of Shares or Other Units Outstanding (See instr. 3(f))	(f) Approximate Date of Sale (See instr. 3(f)) (MO. DAY YR.)	(g) Name of Each Securities Exchange (See instr. 3(g))
		Broker-Dealer File Number					
Common	FIDELITY BROKERAGE SERVICES LLC 245 SUMMER STREET BOSTON MA 02110		7,500	107,250	12287337	03/01/2021	NASDAQ

**INSTRUCTIONS:**

1. (a) Name of issuer  
(b) Issuer's I.R.S. Identification Number  
(c) Issuer's S.E.C. file number, if any  
(d) Issuer's address, including zip code  
(e) Issuer's telephone number, including area code

2. (a) Name of person for whose account the securities are to be sold  
(b) Such person's relationship to the issuer (e.g., officer, director, 10% stockholder, or member of immediate family of any of the foregoing)  
(c) Such person's address, including zip code

3. (a) Title of the class of securities to be sold  
(b) Name and address of each broker through whom the securities are intended to be sold  
(c) Number of shares or other units to be sold (if debt securities, give the aggregate face amount)  
(d) Aggregate market value of the securities to be sold as of a specified date within 10 days prior to the filing of this notice  
(e) Number of shares or other units of the class outstanding, or if debt securities the face amount thereof outstanding, as shown by the most recent report or statement published by the issuer  
(f) Approximate date on which the securities are to be sold  
(g) Name of each securities exchange, if any, on which the securities are intended to be sold

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

## TABLE 1 - SECURITIES TO BE SOLD

Provide the following information with respect to the acquisition of the securities to be sold and with respect to the payment of all or any part of the purchase price or other consideration therefor:

Trans Date	Description / Account	Amount
07/18/02	Common	2,000
	Stock option exercise	
	Issued	
	Cash	

TABLE II - SECURITIES SOLD DURING THE PAST 3 MONTHS

\*Within the following information as to all recitals of the trust sold during the past 3 months by the person for whose account the restriction was to be sold.

NAME AND ADDRESS OF BUYER JAMES P SHARP & GINA S SHARP JT WROS	TYPE OF TRANSACTION 2	DATE OF SALE 08/01/2010	CURRENT 08/01/2010	OTHER PROPERTY 08/01/2010
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## RESTRICTIONS:

1. Die folgenden Aussagen sind wahr oder falsch? Begründen Sie Ihre Antwort! (10 Punkte)  
 a) Ein Vektorraum über einem Körper  $K$  ist ein  $K$ -Modul. (wahr)  
 b) Ein  $K$ -Modul ist ein Vektorraum über  $K$ . (falsch)  
 c) Ein  $K$ -Modul ist ein  $K$ -Vektorraum. (falsch)  
 d) Ein  $K$ -Modul ist ein  $K$ -Modul. (wahr)  
 e) Ein  $K$ -Modul ist ein  $K$ -Modul. (wahr)  
 f) Ein  $K$ -Modul ist ein  $K$ -Modul. (wahr)  
 g) Ein  $K$ -Modul ist ein  $K$ -Modul. (wahr)  
 h) Ein  $K$ -Modul ist ein  $K$ -Modul. (wahr)  
 i) Ein  $K$ -Modul ist ein  $K$ -Modul. (wahr)  
 j) Ein  $K$ -Modul ist ein  $K$ -Modul. (wahr)

03/01/2021

DATE OF NOTICE

DATE OF PLAN ADOPTION OR CHANGE OF PARTICIPATION

The notice shall be signed by the person or whose account the insurance will be paid. At least one copy of the notice shall be furnished to the company and beneficiary and another copy shall have been given to insured agent/broker.

JAMES E. HENRY

6892447000

ATTENTION: Intentional misstatements or omission of facts constitute Federal Criminal Violations (See 18 U.S.C. 1001)