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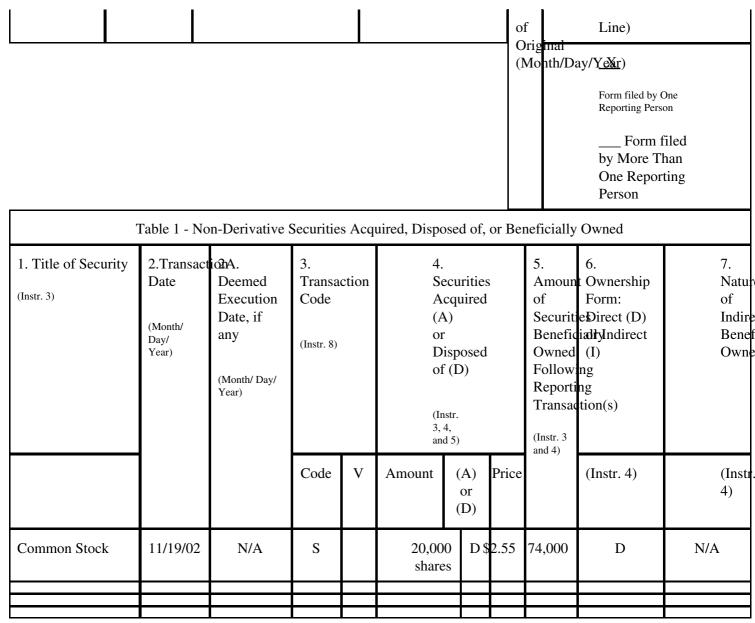
UQM TECHNOLOGIES INC

Form 4

November 21, 2002

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	(Print or Ty		ponses) eporting Person*	2. Issuer Name and Ticker or Trading Symbol		6. Relationship of Reporting Person(s) to Issuer (Check all applicable)	
Rankin (Last)	Willian (First)	n	George (Middle)	UQM Technologies, I "UQM"	nc.	<u>X</u> Director <u>10%</u> Owner	
7501 Miller Drive (Street Address) Frederick Colorado 80530				3. IRS Identification Number of Reporting Person, if an entity (Voluntary)	for	X Officer Other (gente title below) (specify below) /Day/Year Chairman and President	
(City)	(state)		(Zip)		5 If Ame Date	7. Individual or Joint/Group ndment, Filing (Check Applicable	





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).

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 Control number.

	3. Trans- action Date (Month/ Day/ Year)	3A. Deemed Execution Date, if any (Month/ Day/ Year)	4. Trans- action Code (Instr. 8)		of Derivativ		(Month/Day/ Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)
			Code	v	(A)	(D)	Date Exer- cisable	Expir- ation Date	Title	Amount or Number of Shares		
												828,6
				Image: Code Image: Code	Image: Code with the second	Image: Code of the second s	$ \begin{array}{c c c c c c c c c c } & & & & & & & & & & & & & & & & & & &$	Code V (A) (D) Exer-	Code V (A) (D) Exer- ation	Code V (A) (D) Exer- ation	Code V (A) (D) Date Expir- Exer- ation or Number of	CodeV(A)(D)Date Exer-Expir- ationor Number of

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Explanation of Responses:

* Intentional misstatements or omissions of facts constitute Federal Criminal Violations.

/s/ William G. Rankin *November 21, 2002 See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a). **Signature of Reporting Person Date

Note: File three copies of this Form, one of which must be manually signed. If space provided is insufficient, *see* Instruction 6 for procedure.

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 Number.