FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

| Name and Address of Reporting Person Pavlish John | | | | | 2. Issuer Name and Ticker or Trading Symbol Midwest Energy Emissions Corp. [MEEC] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Own | | | | |
|---|---|------------------------------------|---|--|---|---|----------|--|---------|--|---------|---------------|--|--|---|---|---|-----------|
| (Last) 2517 KINCAI | (First) | (M | /liddle) | | 3. Date of Earliest Transaction (Month/Day/Year) 06/28/2023 | | | | | | | X | Officer (g below) Senio | | tle Other (sperbelow) P/Chief Tech Officer | | | |
| (Street) THE VILLAGES FL 32163 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | vidual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Т | able I - Noi | n-Deriva | tive S | ecurit | ties Acq | uired, l | Disp | osed of | f, or E | Benefic | ially Ow | ned | | | | |
| 1 | | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Dispose Code (Instr. | | rities Acquired (A) or ed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | | | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | v | Amount | | (A) or (D) | Price | (Instr. 3 and 4) | | | | (11150.4) |
| Common Stock | | | | 06/28/2023 | | | | M | М 13,73 | | 0(1) | A \$0.21 | | 1,069,182 | | | D | |
| Common Stock 0 | | | | 06/28/2023 | | | | F | | 9,625 | 5(1) | D | \$0.3 | 1,059,557 | | | D | |
| | | | Table II - I | Derivativ e.g., put | | | | | | | | | | ed | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | (Month/Day/Year) e of vative | 3A. Deemed Execution Date if any (Month/Day/Ye | Code (Instr. | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (In 3 and 4) | | erlying | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securitie Beneficia Owned Following Reported Transact | e s ally g | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | | Amount or Number of Shares | | (Instr. 4) | (3) | | |
| Stock Option (Right to Buy) | \$0.21 | 06/28/2023 | | М | М | | 13,750 | 750 06/30/2018 06/30/2023 | | | nmon | 13,750 | \$0 0 | | | D | | |

Explanation of Responses:

1. Reflects shares of the Issuer's common stock acquired by the Reporting Person through the cashless exercise of an option to acquire 13,750 shares of common stock, pursuant to which 9,625 shares were withheld by the Issuer at a market price of \$0.30 per share to pay the exercise price of \$0.21 per share, resulting in 4,125 shares of common stock being issued to the Reporting Person on a net basis.

/s/ John Pavlish

06/30/2023

** 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.