## FORM 4

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

OMB APPROVAL					
OMB Number:	3235-0287				
Estimated average	burden				
houre per reenonee	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 OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	pe Response														
1. Name and Address of Reporting Person * Satterthwaite Jami L.				2. Issuer Name and Ticker or Trading Symbol Midwest Energy Emissions Corp. [MEEC]					5.	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner					
(Last) (First) (Middle) 108 SE COUNTY ROAD 3148 (Street) CORSICANA, TX 75109				Date of Earliest Transaction (Month/Day/Year)     11/22/2021     H. If Amendment, Date Original Filed(Month/Day/Year)						X Officer (give title below) Other (specify below)  Chief Financial Officer  6. Individual or Joint/Group Filing(Check Applicable Line)  X_ Form filed by One Reporting Person  Form filed by More than One Reporting Person					
			4. If Aı												
(Cit	y)	(State)	(Zip)			Tab	le I - Non-	Deriva	tive Securitie	s Acquire	d, Disposed o	f, or Benefi	cially Owned		
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Ye	Exec	Deemed oution Date,	Coc	ransaction e tr. 8)	(A)	A) or Disposed of (D) (Instr. 3, 4 and 5)		Amount of Sec wned Followin ansaction(s)		,	wnership of	Nature f Indirect eneficial
				(Mor	nth/Day/Yea		ode V	/ Amo	(A) or ount (D)	(In	astr. 3 and 4)		0	r Indirect (	Ownership Instr. 4)
Kemmuer,	·						in t	his for	who respond m are not re y valid OMB	quired to	•				474 (9-02)
	Report on a s	separate line for eacl	i class of securities l	oeneficial	lly owned di	ectly	or indirecti	•							
1. Title of	2.	3. Transaction	3A. Deemed	(e.g., )	puts, calls, v	arrar ber of	in to a cu	his for urrently Dispose s, conve Exercise	m are not re y valid OMB d of, or Benef ertible securit able and	quired to control icially Ow ties)  7. Title a	o respond ur number. vned nd Amount	8. Price of	orm displays  9. Number of	10.	11. Natu
1. Title of	•	Date	3A. Deemed Execution Date, if	4. Transaci Code	5. Num Deriva Securit	ber of ive es ed (A) osed o	in the a cucquired, Expiration (Month/	his for urrently Disposed s, converge Exercised on Date	m are not re y valid OMB d of, or Benefertible securit able and	quired to control icially Ow ties)	o respond ur number. vned nd Amount dying s	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	10. Ownershi Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indire Benefici Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transaci Code	5. Num tion Deriva Securit Acquir or Disp (D) (Instr.	ber of ive es ed (A) osed o	in tlact cquired, L ts, option 6. Date Expirati (Month/	his for urrently Disposed Section Date Day/Ye	m are not re y valid OMB d of, or Benefertible securit able and	quired to control icially Ow ties)  7. Title a of Under Securitie	o respond ur number. vned nd Amount dying s	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownershi Form of Derivativ Security: Direct (D or Indirec	11. Nature of Indire Benefici Ownersi (Instr. 4)

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Satterthwaite Jami L. 108 SE COUNTY ROAD 3148 CORSICANA, TX 75109			Chief Financial Officer		

### **Signatures**

/s/ Jami L. Satterthwaite	11/24/2021
**Signature of Reporting Person	Date

## **Explanation of Responses:**

- \* 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.

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.