FORM 4

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

| OMB APP | ROVAL |
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| DMB Number: | 3235-0287 |
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| ours per respon | se 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

| Print or Ty | pe Response | es) | | | | | | | | | | | | | | | | |
|--|---|-------------------------|------------|--|---|-----------------------------|--------------------------------------|--------------------------------|---|--------------------------------------|------------------|--|--|--|------------------|--|-------------------|---------------------------|
| Name and Address of Reporting Person * Gradon Michael | | | | | 2. Issuer Name and Ticker or Trading Symbol AerCap Holdings N.V. [AER] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
| (Last AERCAF | | (First) 65 ST. ST | | Middle) I'S GREEN | 3. Date of Earliest Transaction (Month/Day/Year) 11/21/2016 | | | | | | | | r (give title belo | | Other (specify l | pelow) | | |
| (Street) | | | | 4. If . | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| DUBLIN, L2 2 (City) (State) (Zip) | | | | | Table I - Non-Derivative Securities Acqui | | | | | | | cquir | ired, Disposed of, or Beneficially Owned | | | | | |
| (Instr. 3) | | Date (Month/Day/Year) a | | A. Deemed Execution Date, if | | f Co | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | | 6. 7. Ownership Form: B | Beneficial | | | |
| | | | | | (Month | n/Day/Year | | Code | V | Amount | (A) or (D) | Pri | ice | (Instr. 3 and 4) Direct (D) or Indirect (I) (Instr. 4) | | Ownership (Instr. 4) | | |
| Ordinary | Shares (1) | | 11/21/ | 2016 | | | | S | | 1,091 | D | \$ 44.5 | 701 | 4,122 | | | D | |
| Reminder: indirectly. | Report on a | separate line | e for each | class of sec | urities | beneficiall | y ow | vned dir | _ | | | | | | | | | |
| | | | | | | | | | 100 | ntained i | n this | form | n are | not req | uired to re | formation espond unl ntrol numb | ess | EC 1474 (9- 02) |
| | | | | Table II - I | | tive Secur uts, calls, v | | | | | | | | y Owned | I | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | y/Year) | 3A. Deemed Execution Deany (Month/Day/ | ĺ | Code | on of D So A | f | an e (M | Date Exer d Expirati Ionth/Day | on Dat | te | Amor Unde Secur | tle and unt of erlying rities : 3 and | | 9. Number of Derivative Securities Beneficially Owned Following Reported | Owners Form of | ve Ownersh: (Instr. 4) |
| | | | | | | | (I | f (D) Instr. 3, , and 5) | | | | | | | | Transactio (Instr. 4) | |) |
| | | | | | | | 4, | , and 3) | | | | | | Amount | | | | |

Reporting Owners

| Describer Occurs Name / Address | Relationships | | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| Gradon Michael AERCAP HOUSE 65 ST. STEPHEN'S GREEN DUBLIN, L2 2 | X | | | | | | | |

Signatures

| /s/ Michael Gradon | 11/22/2016 |
|-------------------------------|------------|
| 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).
- (1) This form is filed voluntarily. As a foreign private issuer, AerCap Holdings N.V. is exempted from Section 16 of the Exchange Act by Rule 3a12-3.

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.

