Siemer Arnold B Form 4 April 21, 2009

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16.

Form 4 or Form 5 obligations may continue. See Instruction

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

Siemer Arnold B

Symbol

Commercial Vehicle Group, Inc.

(Last) (First) (Middle)

150 E. CAMPUS VIEW BLVD., SUITE 250

(Street)

2. Issuer Name and Ticker or Trading

[CVGI]

3. Date of Earliest Transaction (Month/Day/Year)

03/04/2009

4. If Amendment, Date Original

Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

OMB APPROVAL

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

Estimated average

burden hours per

_X__ 10% Owner Director Officer (give title _ Other (specify below)

6. Individual or Joint/Group Filing(Check

Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

COLUMBUS, OH 43235

(City)	(State)	(Zip) Ta	ble I - Non	-Derivati	ve Sec	urities Acc	quired, Disposed (of, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		
CVGI	04/20/2009	04/20/2009	P	1,100	A	\$ 0.7499	2,745,142	D	
CVGI	04/20/2009	04/20/2009	P	1,721	A	\$ 0.7599	2,746,863	D	
CVGI	04/20/2009	04/20/2009	P	14	A	\$ 0.7799	2,746,877	D	
CVGI	04/20/2009	04/20/2009	P	100	A	\$ 0.7803	2,749,456	D	
CVGI	04/20/2009	04/20/2009	P	2,479	A	\$ 0.78	2,749,356	D	

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CVGI	04/20/2009	04/20/2009	P	2,800	A	\$ 0.789	2,752,256	D
CVGI	04/20/2009	04/20/2009	P	3,986	A	\$ 0.79	2,756,242	D
CVGI	04/21/2009	04/21/2009	P	196	A	\$ 0.7722	2,756,438	D
CVGI	04/21/2009	04/21/2009	P	816	A	\$ 0.774	2,757,254	D
CVGI	04/21/2009	04/21/2009	P	100	A	\$ 0.793	2,757,354	D
CVGI	04/21/2009	04/21/2009	P	3,186	A	\$ 0.8	2,760,540	D
CVGI	04/21/2009	04/21/2009	P	634	A	\$ 0.81	2,761,174	D

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

SEC 1474

(9-02)

9. Nu Deriv Secu Bene Own Follo Repo Trans (Insti

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
•	Director	10% Owner	Officer	Other			
Siemer Arnold B 150 E. CAMPUS VIEW BLVD. SUITE 250 COLUMBUS, OH 43235		X					

Signatures

/s/ Arnold B. 04/21/2009 Siemer

2 Reporting Owners

**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.

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