FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

	tion 1(b).	iue. See		Filed							es Exchang npany Act o		of 1934			hours	per re	esponse:	0.5
1. Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol TRIMAS CORP [TRS]									ationship k all app Direc	licable)	ng Pe	rson(s) to Is		
(Last) (First) (Middle) 20 BRIAR OAK DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 03/11/2021									Office belov	r (give title)		Other (specify below)	
(Street) WESTO (City)			6883 Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi Line) X	Form	or Joint/Group Filing (Check Applicable m filed by One Reporting Person m filed by More than One Reporting son				
(- 9)	(n-Deriva	tive S	ecur	ities A	Acqı	uired,	Disp	posed of	, or E	Benef	icially	/ Own	ed			
Date			2. Transac Date (Month/Da	Execution Date,		3. Transaction Code (Instr. 8) 4. Securitie Disposed (3, 4 and Secur Benef Owne		mount of urities eficially ned Following		m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) or (D)		rice	Reported Transaction(s) (Instr. 3 and 4)				(111501. 4)
Common Stock 0			03/11/	1/2021				A		3,016	A \$		\$ <mark>0</mark>	18,322			D		
		Tal									sed of, o				Owne	d			
Derivative Conversion Date Executity Or Exercise (Month/Day/Year) if any		if any				5. Number of		6. Date I Expirati (Month/I		7. Title Amou Secur Under Deriva Secur 3 and	int of rities rlying ative rity (Ins	De Sei (In:	rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)		
	1				- 1								or						

Date Exercisable

Explanation of Responses:

Remarks:

/s/ Joshua A. Sherbin attorney-03/15/2021 in-fact

of Shares

Title

Expiration Date

** 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.

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