SEC Form 4	
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FORM 4

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

OMB APPROVAL

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287		
	Estimated average burden			
Filed oursuant to Section 16(a) of the Securities Exchange Act of 1934	hours per response:	0.5		

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to Sec obligat	this box if no lo tion 16. Form 4 tions may conti tion 1(b).	or Form 5	STAT		Ipursua	int to S	ection 16(a) 0(h) of the Ir	of the Se	ecuritie	es Exchange	e Act of 1		RSHIP	Estin		ber: Saverage burde esponse:	3235-0287 en 0.5	
1. Name and Address of Reporting Person [*] Robin Jodi F.					2. Issuer Name and Ticker or Trading Symbol <u>TRIMAS CORP</u> [TRS]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) 38505 WOODWARD AVENUE				3. Date of Earliest Transaction (Month/Day/Year) 03/14/2024								A below	,	ve title Other (s below) Counsel and Secretar				
SUITE 200					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street) BLOOM HILLS	IFIELD M	FIELD MI 48304												filed by More than One Reporting				
(City)	(St	ate) (2	Zip)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										nded to			
		Table	I - Nor	n-Deriva	ative S	Secur	ities Acq	uired,	Disp	posed of,	or Ber	nefici	ally Own	ed				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Execution Date,		3. 4. Securities Acquired (A Transaction Disposed Of (D) (Instr. 3 Code (Instr. 8) 5)		d (A) o tr. 3, 4 a	and Securit Benefic Owned	ies cially Following	Forn (D) c	m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership					
						Code	v	Amount	(A) or (D)	Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)			
Common Stock 03/				03/14/	2024			Α		7,628	Α	\$	0 23	3,046		D		
		Tal					ies Acqu varrants,						lly Owned ;)	d				
Security or Exercise (Month/Day/Year) if any		med on Date, Day/Year)	Transaction Code (Instr. D 8) S A (A D oi (II		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	6. Date Exerci: Expiration Dat (Month/Day/Ye		te	7. Title an Amount of Securitie Underlyin Derivativ Security 3 and 4)	of s ng e	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	y Direct (D) or Indirect (I) (Instr. 4)		Beneficia Ownershi (Instr. 4)			

Explanation of Responses:

Remarks:

/s/ Jodi F. Robin

or Number

Shares

of

Title

** Signature of Reporting Person Date

03/15/2024

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).

Code v

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.

Date

Exercisable

(D)

(A)

Expiration Date