FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB Number: | 3235-0287 | | |
|-------------------------|-----------|--|--|
| Estimated average burde | en | | |
| hours per response: | 0.5 | | |

OMB APPROVAL

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

| 1. Name and Address of Reporting Person* Gougarty Nancy | | | | 2. Issuer Name and Ticker or Trading Symbol TRIMAS CORP [TRS] | | | | | | | | | ck all app | olicable) | g Person(s) to I | | | |
|--|---|--|---|--|---|------|---|--------|--|---------|--------------------|---|---------------------------------|--|---|---|---|--|
| (Last) (First) (Middle) 1750 WEST 75TH AVENUE SUITE 101 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/01/2016 | | | | | | | | | | belo | | below | | |
| | JVER A | | √6P 6G2 | | 4. If <i>i</i> | Amer | ndment, | Date o | f Original | Filed | (Month/Da | ay/Year) | | 6. Inc Line) | Forn | n filed by One n filed by Mor | o Filing (Check A e Reporting Pers re than One Rep | son |
| (City) | (S | | Zip) | Dorive |) ntivo | 500 | vuritio | s A oc | wirod | Dica | ancod o | forl | Pono | ficially | , Own | nd | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | ction 2A. Deemed Execution Date, | | | 3. 4. Securiti Transaction Code (Instr. 5) | | | ies Acq | uired (| A) or | 5. Amo Securi Benefi | ount of ities icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| - | G. 1 | | | 0.4/04 | 12046 | 1 | | | Code | v | Amount | (D |) | Price | Transa (Instr. | action(s) 3 and 4) | - | (11341. 4) |
| Common Stock 04/01 | | | | | | | | | A | | 1,685 | | A | \$17.8 | | 6,502 | D | |
| | | Та | ıble II - D)) | | | | | | | | sed of, onvertib | | | | Owned | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | 4. Transaction Code (Instr. 8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | De Se (Ir | Price of rivative curity str. 5) | ve derivative Securities | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | | Date Exercisal | | Expiration Date | Title | Amo or Num of Share | ber | | | | |

Explanation of Responses:

Remarks:

/s/ Joshua A. Sherbin attorneyin-fact

04/04/2016

** 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.