FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

ı	OIVIB APPROVAL								
l	OMB Number:	3235-0287							
l	Estimated average burde	en							
l	hours per response:	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

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

		*			2 100	or Non	20.200	1 Ticks	r or Tradi	na C	vmbol			E Dal	ationchin a	f Donorting	n Dorog	on(c) to loca	ıor	
		Reporting Person*	2. Issuer Name and Ticker or Trading Symbol TRIMAS CORP [TRS]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
Brooks Lynn A						Time John [Time]									Director			10% Ov	· I	
(Loot)	3. Dat	Date of Earliest Transaction (Month/Day/Year)									Officer below)	icer (give title ow)		Other (specify below)						
(Last) (First) (Middle) 500 W. 7TH STREET						03/09/2009									Presi	dent - Pa	ckagi	ng Group		
500 W. /																				
(Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)							
AUBUR	N IN 46		46706												X Form filed by One Reporting Person				۱	
(City)	(S	(State) (Zip)				Form filed by M Person								by More than One Reporting		ting				
															<u> </u>					
		Tal	ble I - Non-	Deriva	ative \$	Secur	ities	Acq	uired, I	Disp	posed o	f, or Bei	nefic	cially	Owned					
1. Title of S	ction 2A. Deemed Execution Date.				3. 4. Securities Ad						5. Amount of Securities		6. Ownership Form: Direct		7. Nature of					
				Date (Month/D	ay/Year)	if any	if any		Code (Instr. 5)		Of (D) (Instr. 3, 4 a		Beneficia		ally (D) o		r Indirect E	Beneficial		
						(Month/Day/Yea		//Year)	8)		 		_		Reported	Reported			Ownership (Instr. 4)	
									Code	V	Amount	ount (A) or (D)		ice	Transaction(s) (Instr. 3 and 4)					
	ivo Ca	vo Securities Acquired Disposed of or Popolio						oficia	aially Owned											
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of	2.	<u> </u>			Number 6. I		ate Exercisable and 7. Title and An				- -	8. Price of	ce of 9. Number		10.	11. Nature				
Derivative	Conversion	3. Transaction Date	3A. Deemed Execution Da		ansactio	n of	of E Derivative (! Securities		Expiration Date of S			of Securities			Derivative Security	derivative Securities		Ownership Form:		
Security (Instr. 3)	or Exercise Price of	(Month/Day/Year)	if any (Month/Day/Y		de (Inst	Se			(Month/Day/Year) Underlying Derivative Sec				e Secu		Security (Instr. 5)	Beneficia		Direct (D)	Ownership	
	Derivative Security						quired or	'	(Instr. 3 and 4)							Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)	
						Diś	sposed (D) (Ins									Reported Transaction(s)				
							1 and 5									(Instr. 4)	(5,	′		
										П				ount						
													or Num	nber						
				Co	ode V	(A)	.		ate xercisable		Expiration Date	Title	of Sha	res						
Employee							\dashv			\top										
Stock Option	\$0	03/09/2009			A	72	500	0.7	3/09/2010 ⁽	1) (03/09/2019	Common	72	500	\$0	72,50		D		
(right to buy)	Ψυ	03/03/2003		'	•	1,2,	,500		5/05/2010		33/03/2013	Stock	' -,		Ψυ	72,300	٠	D		

Explanation of Responses:

1. Options granted pursuant to the TriMas Corporation 2006 Long Term Equity Incentive Plan shall become exercisable for 1/3 of the shares covered by the option on each of the first three anniversaries of the date of the grant.

/s/ Paula Reno attorney-in-fact 03/11/2009

** 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.