FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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ngton, D.C. 20549	OMB APPROVAL					
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Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
netruction 1(h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB Number: Estimated average burden hours per response: 0.5

Instruct	tion 1(b).			File		t to Section 16(a) tion 30(h) of the I						34		liouis	рег гезропзе.	0.5	
1. Name and Address of Reporting Person* MILLER EUGENE A				2. Issuer Name and Ticker or Trading Symbol TRIMAS CORP [TRS]								Relationshi	plicable)	ng Person(s) to Issuer			
(Last) 232 LON	(F IE PINE R	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 07/01/2019								Offic belo	er (give title w)	Other below	(specify)	
(Street) BLOOMFIELD HILLS MI 48304 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tab	le I - No	n-Deriv	ative S	ecurities Acc	quired,	Disp	oosed o	of, o	or Ben	eficia	ally Own	ed			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D							rities Acquired (A) ed Of (D) (Instr. 3, 4			nd Secur Benef Owne	icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
						Code	v	Amount	Amount (A) or (D)		Price		action(s) 3 and 4)		(Instr. 4)		
Common Stock 07/01/				/2019		A		458		A	\$30	0.82 99,883		D			
		Ta				urities Acqu s, warrants,							y Owned				
1. Title of Derivative Security (Instr. 3)	tive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		4. Transactic Code (Insi 8)		6. Date Exercisable ar Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5) Reported Following Reported Transactior (Instr. 4)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Date Exercisable

Expiration Date

Explanation of Responses:

Remarks:

/s/ Joshua A. Sherbin attorney-07/02/2019 in-fact

** Signature of Reporting Person

Title

Amount or Number of Shares

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).

Code

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.

(A) (D)