Instruction 1(b).

FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

| Check this box if no longer subject of STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP to Section 16. Form 4 or Form 5 obligations may continue. See |  | STATEMENT OF CHANGES IN BENEFICIAL | OWNERSHIP |
|---|--|------------------------------------|-----------|
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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*  Salik Fabio Leandro Matheus |  |               |                            |              |        |   | 2. Issuer Name <b>and</b> Ticker or Trading Symbol TRIMAS CORP [ TRS ] |        |                               |               |   |                    |                    |   |  | all app<br>Direc<br>Office  | tor<br>er (give title | ng Persor   | 10% Ov<br>Other (s | vner |
|---|--|---------------|----------------------------|--------------|--------|---|--|--------|-------------------------------|---------------|---|--------------------|--------------------|---|--|---|-----------------------|---|--------------------|------|
| (Last) (First) (Middle) 38505 WOODWARD AVENUE SUITE 200               |  |               |                            |              |        | 3. Date of Earliest Transaction (Month/Day/Year) 10/28/2022 |  |        |                               |               |   |                    |                    |   | Pres   | v)<br>sident, Tril  | Mas Pa                | below)<br>ckaging   | \$                 |      |
| (Street) BLOOM HILLS (City)   |  | MI<br>(State) |                            | 8304<br>Zip) |        | 4. If <i>i</i>  | Amendment, Date of Original Filed (Month/Day/Year)                     |        |                               |               |   |                    |                    |   | . Indivine)  | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person |                       |   |                    | on   |
|   | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned   |               |                            |              |        |   |  |        |                               |               |   |                    |                    |   |  |   |                       |   |                    |      |
| 1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/      |  |               |                            |              | if any | emed<br>tion Date,<br>n/Day/Year)                           |  |        |                               |               | Acquired (A) (D) (Instr. 3, 4   |                    | and 5) Secu        |   | cially<br>  Following  | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)   |                       | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |                    |      |
|   |  |               |                            |              |        |   |  |        | Code                          | v             | Amount  | (A) or<br>(D)      | Price              |   | Transa   | ction(s)<br>3 and 4)  |                       |   |                    |      |
| Common Stock 10/28/20   |  |               |                            |              | )22    |   |  |        | P                             |               | 4,300   | A                  | \$23.4             | 15 <sup>(1)</sup>                       | 22,056   |   | D                     |   |                    |      |
|   | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |               |                            |              |        |   |  |        |                               |               |   |                    |                    |   |  |   |                       |   |                    |      |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                   | vative Conversion Date Execution or Exercise (Month/Day/Year) if any   |               | ion Date, Transa<br>Code ( |              |        |   | vative<br>prities<br>priced<br>r<br>osed<br>)<br>r. 3, 4               | Expira | e Exerc<br>ation D<br>h/Day/\ |               | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Inst<br>3 and 4) |                    | Der<br>Sec<br>(Ins | rice of<br>ivative<br>curity<br>etr. 5) | 9. Number<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | Ow<br>For<br>Dire<br>or I<br>(I) (  | nership               | Beneficial<br>Ownership<br>(Instr. 4)                             |                    |      |
|   |  |               |                            |              |        | Code  | v  | (A)    | (D)                           | Date<br>Exerc | isable  | Expiration<br>Date | Title              | or<br>Number<br>of<br>Shares            |  |   |                       |   |                    |      |

## **Explanation of Responses:**

1. The price reported in Column 4 is a weighted average price. These shares were acquired in multiple transactions at prices ranging from \$23.23 to \$23.56 inclusive. The reporting person undertakes to provide to TriMas Corporation, any security holder of TriMas Corporation, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares acquired at each separate price within the range set forth in footnote (1) to this Form 4

## Remarks:

/s/ Paul A. Swart attorney-in-

fact

10/31/2022

\*\* 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.