FORM 3

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

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL									
OMB Number:	3235-0104								
Estimated average burden									
hours per response:	0.5								

						n 16(a) of the Securities Exchange of the Investment Company Act of								
1. Name and Address of Reporting Person*  MASCO CORP /DE/  2. Date of Event Requiring Statement (Month/Day/Year) 05/17/2007					3. Issuer Name and Ticker or Trading Symbol  TRIMAS CORP [ TRS ]									
(Last) 21001 VAN	(First) BORN ROAD	(Middle)				4. Relationship of Reporting Per (Check all applicable)  Director		(s) to Issue		5. If Amendment, Date of Original Filed (Month/Day/Year)      6. Individual or Joint/Group Filing (Check Applicable Line)     Form filed by One Reporting Person X     Form filed by More than One Reporting Person				
(Street) TAYLOR	MI	48180				Officer (give title below)		Other (spe below)	cify					
(City)	(State)	(Zip)												
			Ta	able I - Non	-Deriva	tive Securities Beneficia	ally	Owned						
1. Title of Security (Instr. 4)						2. Amount of Securities Beneficially Owned (Instr. 4)	F				4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock						280,701(1)		D						
Common Stock						2,173,913(2)	$\perp$	D	)					
						ve Securities Beneficially ants, options, convertible			s)					
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable Expiration Date (Month/Day/Year)  Date Expiration Date Expirat					ate	d 3. Title and Amount of Secu Underlying Derivative Secu		ity (Instr. 4) Conv		ersion ercise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
					Expiration Date	on Title		Amount or Number of Shares	Price of Deriva	tive	Direct (D) or Indirect (I) (Instr. 5)			
1. Name and Address of Reporting Person*  MASCO CORP /DE/														
(Last) (First) (Middle) 21001 VAN BORN ROAD														
(Street) TAYLOR	MI		48180											

## **Explanation of Responses:**

1. These shares are owned directly by Masco Corporation.

ΜI

(State)

(State)

(First)

1. Name and Address of Reporting Person\*

Masco Capital CORP

21001 VAN BORN ROAD

(Zip)

(Middle)

48180

(Zip)

2. These shares are owned by Masco Capital Corporation, a wholly-owned subsidiary of Masco Corporation. Masco Corporation indirectly owns these shares.

## Remarks:

(City)

(Last)

(Street)

(City)

**TAYLOR** 

John G. Sznewajs, Vice
President on behalf of Masco
Corporation

John G. Sznewajs, Vice
President on behalf of Masco
Capital Corporation

O5/17/2007

05/17/2007

\*\* Signature of Reporting Person Da

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  If the form is filed by more than one reporting person, see Instruction 5 (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.