FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL											

3235-0287 Estimated average burden 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

Name and Address of Reporting Person*     Valenti Samuel III						2. Issuer Name and Ticker or Trading Symbol TRIMAS CORP [ TRS ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner					
					_									-				·	
	(Last) (First) (Middle) 39400 WOODWARD AVENUE SUITE 100						3. Date of Earliest Transaction (Month/Day/Year) 05/05/2014								X Officer (give title below) Other below Chairman				
(Street) BLOOM HILLS	BLOOMFIELD MI 48304					4. If Amendment, Date of Original Filed (Month/Day/Year)								) X Form fi Form fi	vidual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
(City)	(S	State)	(Zip)																
		Tal	ole I - No	n-Der	ivativ	e Se	curi	ties Ac	quired	, Dis	sposed o	f, or Ber	neficiall	y Owned					
Da			Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispose Code (Instr.			ties Acquired (A) or I Of (D) (Instr. 3, 4 ar		Benefici Owned F	es ally Following	Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	Reported Transact (Instr. 3	ion(s)			(Instr. 4)	
Common Stock				05/0	5/2014				М		50,000	A	\$23	63,	63,382		D		
Common Stock			05/0	5/2014	/2014					32,690	D	\$35.18	30,692			D			
Common Stock 05			05/0	5/2014	/2014					17,310	D	\$34.84	(1) 13,	382	D				
			Table II								osed of, convertil			Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	se (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Date,	4. Transaction Code (Instr 8)		n of		6. Date Exercisable and 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)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa	ble	Expiration Date	Title	Amount or Number of Shares						
Employee Stock Option (Right to buy)	\$23	05/05/2014			M			50,000	11/01/20	08 <sup>(2)</sup>	11/01/2015	Common Stock	50,000	\$0	0		D		

### **Explanation of Responses:**

- 1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$34.59 to \$35.00 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 sold at each separate price within the ranges set forth in footnote (1) to this Form 4.
- 2. Option to purchase shares of common stock of the Company granted November 1, 2005 under the TriMas Corporation 2002 Long Term Equity Incentive Plan, the shares subject to this Option vested in three equal annual installments on each anniversary of the date of the grant.

### Remarks:

/s/ Paula Reno attorney-in-fact 05/07/2014

\*\* 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.