FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average h | nurden | | | | | | | | | |

0.5

hours per response:

| Check this box if no longer subject to |
|--|
| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(h) |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| | | | | | or Sec | ction s | 3U(N) (| or the ii | nvestm | ent Co | mpany | Act c | of 19 | 940 | | | | | | | |
|--|---|--|--|--|--|---|---------|--------------------------------------|------------------------------|---------------|---|-------|--|---------------|---|---|--|--|---|--------------------------|--|
| 1. Name and Address of Reporting Person* <u>AMATO THOMAS A</u> | | | | 2. Issuer Name and Ticker or Trading Symbol TRIMAS CORP [TRS] | | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| | | | | | | | | | | | | | | | X | Direc | ctor | | 10% C | wner | |
| (Last) (First) (Middle) | | | | | | Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | | | Offic belov | er (give title w) | Other (specify below) | | |
| 39400 WOODWARD AVE., STE. 130 | | | | | 05/04/2017 | | | | | | | | | | | President and CEO | | | | | |
| (Street) BLOOMFIELD | | | | 4. If An | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| HILLS | M | I 4 | 18304 | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | |
| | | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | orting |
| (City) | (SI | tate) (| Zip) | | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Nor | n-Deriv | ative S | ecu | ritie | s Acc | quire | d, Di | spose | d o | f, o | r Ben | efici | ally | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Deemed cution Date, ny nth/Day/Year) | | Code | Transaction Disposed Code (Instr. 5) | | | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | 4 and S | | 5. Amount of Securities Beneficially Owned Following | | ership Direct ndirect r. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | e V | Amo | unt | | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock 05/04/ | | | | | | /2017 | | | P | | 1, | 1,700 | |) A | | .75 | 57,379 | | I |) | |
| | | Та | able II - I | Derivati e.g., pu | | | | | | | | | | | | | vned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | 4. Transactic Code (Ins B) | on tr. | | | 6. Date Expirat (Month | tion Da | | nd | 7. Title and Amount of Securities Underlying Derivative Security (Instr and 4) | | nstr. 3 | Deri Secu | Price of ivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | m: ect (D) ndirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | or | nount mber | | | | | | | | | | | |

Explanation of Responses:

Remarks:

/s/ Joshua A. Sherbin attorneyin-fact 05/08/2017

** 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.