## Edgar Filing: TRIMAS CORP - Form 4

TRIMAS Co Form 4 March 03, 2										
FORM	ЛЛ								OMB AF	PROVAL
	RITIES AND EXCHANGE Co shington, D.C. 20549				OMMISSION	OMB Number:	3235-0287			
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Check this box if no longer subject to Section 16. Form 4 or Section 16. Form 5 obligations may continue. See Instruction						e Act of 1934, 1935 or Sectior	January 31, 2005 verage rs per 0.5			
(Print or Type	Responses)									
1. Name and A Sherbin Jos	Address of Reporting shua A	Person <u>*</u>	Symbol	r Name <b>and</b> S CORP		Tradin	ıg	5. Relationship of Issuer		
(Last)	(First) (	(Middle)		f Earliest Tr				(Checl	c all applicable	)
39400 WO AVENUE,	ODWARD SUITE 130		(Month/E 03/01/2	-				Director X Officer (give below) Vice Pres		Owner er (specify eary
DI OOMEI	(Street)	49204		endment, Da nth/Day/Year	-			6. Individual or Jo Applicable Line) _X_ Form filed by O Form filed by M	ne Reporting Pe	rson
	ELD HILLS, MI							Person		
(City)	(State)	(Zip)					-	uired, Disposed of,		
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	Execution any	n Date, if	3. Transactic Code (Instr. 8) Code V	4. Securiti or(A) or Dis (Instr. 3, 4)	sposed	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	03/01/2015			A	1,245 (1)	A	\$ 0	53,813	I	See Footnote (2)
Common Stock	03/01/2015			А	10,024 ( <u>3)</u>	A	\$ 0	63,837	I	See Footnote $(2)$
Common Stock	03/01/2015			A	6,327 ( <u>4)</u>	А	\$ 0	70,164	I	See Footnote $(2)$
Common Stock	03/01/2015			F	4,264 (5)	D	\$ 29.96	65,900	Ι	See Footnote

### (2)

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

#### 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 control number.

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Code	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	ate	7. Titl Amou Under Securi (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
	Director	10% Owner	Officer	Other				
Sherbin Joshua A 39400 WOODWARD AVENUE SUITE 130 BLOOMFIELD HILLS, MI 48304			Vice President & Secretary					
Signatures								
/s/ Paula Reno	00100100	1.5						

attorney-in-fact 03/03/2015

\*\*Signature of Reporting Person

Date

## **Explanation of Responses:**

- \* 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).
- (1) Restricted stock units granted March 1, 2015 under the 2011 Omnibus Incentive Compensation Plan ("2011 Plan"), restrictions lapse on March 1, 2016.
- (2) Through the Joshua A. Sherbin Revocable Trust under the agreement dated February 21, 2013, as amended.
- (3) Restricted stock units granted March 1, 2015 under the 2011 Plan, restrictions lapse as to one-third of the number of shares on each anniversary date of the grant.

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- (4) Shares of common stock granted in settlement of performance stock units granted March 1, 2012 under the 2006 Long Term Equity Incentive Plan, payable only in shares of common stock, based on specified performance goals achieved at December 31, 2014.
- (5) Shares used to satisfy tax withholding obligations.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.