FORM 4

to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject

| | OMB APPROVAL | | | | | | | | | | |
|---|--------------------|-----------|--|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | | |
| | Estimated average | burden | | | | | | | | | |
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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

| Name and Address of Reporting Person* Lockridge Irma | | | | | | 2. Issuer Name and Ticker or Trading Symbol Trinity Capital Inc. [TRIN] | | | | | | | | | k all app Direc | tor | ng Per | 10% O | wner |
|--|--|---------|---------|---|---|---|-----------------------|-------------------|------------------|------|--|------------|---|---|--|-----------------------|--|---|------------|
| (Last) C/O TRI | (Fir | , | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 03/15/2022 Officer (give title below) Other (specify below) | | | | | | | | | | | specify | | | |
| 1 N. 1ST STREET, 3RD FLOOR | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) PHOENI | X AZ | 8 | 5004 | | | | | | | | | | | X | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (St | ate) (Z | Zip) | | | | | | | | | | | | | | | | |
| | | Table | I - Nor | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Benef | icially | / Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Execution Date | | Date, | Transaction Dispo | | | | | , 4 and Securi Benefi | | ies cially Following | Form (D) o | vnership n: Direct r Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or P | rice | Transa | action(s) 3 and 4) | | | (111501.4) |
| Common Stock 03/15/2 | | | | /2022 | | A ⁽¹⁾ | | 2,890 | 0 A | | \$ <mark>0</mark> | 2,890 | | | D | | | | |
| | | Tal | | | | | | | | | osed of, onvertib | | | | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any | | | 4. Transaction Code (Instr. 8) | | of | r osed (1. 3, 4 | Expiration Da | | te | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | De Se (In | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership ct (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | or Numb of Share | er | | | | | |

Explanation of Responses:

1. Restricted shares issued under the Trinity Capital Inc. 2019 Non-Employee Director Restricted Stock Plan. Such restricted shares shall vest in full on the earlier of (1) March 15, 2023 or (2) the date immediately preceding the next annual meeting of stockholders.

Remarks:

Sarah Stanton is signing on behalf of Ms. Lockridge pursuant to the power of attorney dated December 16, 2021, which was previously filed with the Securities and Exchange Commission as an exhibit to the Form 3 Ms. Lockridge filed on December 16, 2021.

> /s/ Sarah Stanton, on behalf of <u>Irma Lockridge</u>

03/17/2022

** 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.