FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OMB APPROVAL 87 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB Number:	3235-0287
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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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

defense	ed to satisfy the e conditions of ee Instruction 1	Rule 10b5-																	
1. Name and Address of Reporting Person* Zacharia Michael				2. Issuer Name and Ticker or Trading Symbol Trinity Capital Inc. [TRIN]							(Chec	5. Relationship of Reporting Person(s) to Is (Check all applicable) Director 10% Ox				wner			
		ITAL INC.	Middle)			b. Date of Earliest Transaction (Month/Day/Year) 1/04/2024									Officer (give title below)		Other (s below)	specify	
1 N. 181	STREET,	SUITE 302			4. If A	Amend	ment, I	Date o	of Origin	al File	d (Month/Da	y/Year)		6. Indi Line)	vidual o	r Joint/Group	p Filing	(Check A	pplicable
(Street) PHOENI	X AZ	2 8	35004											V		filed by One filed by Mo		•	
(City)	(St	ate) (Zip)																
		Table	l - No	n-Deriva	tive S	Secu	rities	Acc	uired	, Dis	posed of	, or B	ene	ficially	/ Own	ed			
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 5)) or 4 and	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) o (D)	Pı	ice	Transa	ction(s) 3 and 4)			(Instr. 4)
Common	Stock			11/04/2	024				P ⁽¹⁾		590	A	\$	13.146	16	,342(1)		D	
Common	Stock			11/04/2	024				P ⁽¹⁾		200	A	\$	13.145	16	,542(1)		D	
Common	Stock														24	0,340		I	By The 2001 Michael E and Debra L Zacharia Trust, dated June 15, 2001
		Та	ble II -								osed of, convertible			-	Owne	d			
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3A. Deemed Execution Date if any (Month/Day/Year)		tion Date,		4. 5. Nur Transaction of Code (Instr. Deriva		ative rities ired osed	Expiratio (Month/D ies ed		Exercisable and		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y C F D o (I	0. Dwnership orm: Direct (D) or Indirect I) (Instr. 4)	Beneficial Ownershi (Instr. 4)		
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amo or Num of Shar	ber					

Explanation of Responses:

1. Included 3,335 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) June 12, 2025 or (2) the date immediately preceding the next annual meeting of stockholders.

Remarks:

Sarah Stanton is signing on behalf of Mr. Zacharia pursuant to the power of attorney dated December 31, 2020, which was previously filed with the Securities and Exchange Commission as an exhibit to the Form 3 Mr. Zacharia filed on December 31, 2020.

> /s/ Sarah Stanton, on behalf of Michael Zacharia

11/06/2024

** 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.