SEC Fo	rm 4

FURM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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

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

OMB APPROVAL								
OMB Number:	3235-0287							

Estimated average burden hours per response: 0.5

	atisfy the affirmative itions of Rule 10b5- ruction 10.			
1. Name and Address of Reporting Person [*] <u>Testa Michael</u> (Last) (First) (Middle) C/O TRINITY CAPITAL INC. 1 N. 1ST STREET, SUITE 302		(Middle)	2. Issuer Name and Ticker or Trading Symbol <u>Trinity Capital Inc.</u> [TRIN] 3. Date of Earliest Transaction (Month/Day/Year) 12/20/2024	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify below) CFO and Treasurer
(Street) PHOENIX (City)	AZ (State)	85004 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year) 12/26/2024	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	Form: Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1130. 4)
Common Stock	12/20/2024		A ⁽¹⁾		41,379	A ⁽²⁾	\$ <mark>0</mark>	106,588	D	

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

	(c.g., puls, cans, warants, options, convertible securities)														
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		of Deriv Secu Acqu (A) o Dispo of (D (Instr	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. Shares issued under the 2019 Trinity Capital Inc. Long Term Incentive Plan, as amended, on December 20, 2024, which shares vest 25% on March 15, 2026, with the remaining 75% of such shares vesting pro rata over the twelve full calendar quarters immediately following March 15, 2026.

2. Amended filing to correct a scrivener's error in the Form 4, filed on December 26, 2024 (the "Original Form 4") reporting the transaction. The Original Form 4 inadvertently reported the transaction as a disposition of shares, and this amended Form 4 corrects the reporting to reflect that the reporting person acquired the shares. All other information in the Original Form 4 remains accurate and unchanged.

> 12/26/2024 /s/ Michael Testa

** 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.