Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | $D \subset$ | 20549 | |
|--------------|-------------|-------|--|
| vasilligion, | D.C. | 20349 | |

| STATEMENT OF CHANGES IN BENEFICIAL | OWNERSHIP |
|------------------------------------|---|
| | • · · · · · · · · · · · · · · · · · · · |

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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* Stanton Sarah | | | | | | 2. Issuer Name and Ticker or Trading Symbol Trinity Capital Inc. [TRIN] | | | | | | | | (Ched | k all app Direc | , | ng Pe | rson(s) to Is 10% O Other (| wner | |
|---|------|-----------|--|---------------------------------|---|---|------------------|--|-----------|-----------|---|--|---|--|--|---|-------|-------------------------------|-------------|--|
| | (Fir | ITAL INC. | Middle) | | | te of E 5/202 | | Trans | action (N | /Jonth/ | /Day/Year) | | | X | belov | | and S | below) | , | |
| 1 N. 1ST STREET, 3RD FLOOR (Street) PHOENIX AZ 85004 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Ind Line) X | ′ | | | | | | | |
| | | Table | I - Noi | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | 3ene | ficiall | y Own | ed | | | | |
| Date | | | | 2. Transac Date (Month/Da | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. 5) | | | | Securit Benefic Owned | 5. Amount of Securities Beneficially Owned Following Reported | | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or F | rice | Transa | ction(s) 3 and 4) | | | (1115411 4) | |
| Common Stock 03/15 | | | | 03/15/ | 2022 | | A ⁽¹⁾ | | 17,341 | A : | | \$ <mark>0</mark> | 30,994(2) | | | D | | | | |
| 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 (Instr. 3) 2. Conversion Date (Month/Day/Year) 3. Transaction Date (Execution Date, if any (Month/Day/Year) | | | saction e (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expiration Date (Month/Day/Year) Date Expiration | | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | De Se (Ir | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficia Ownershi t (Instr. 4) | | | | | |

Explanation of Responses:

- 1. Restricted shares issued under the 2019 Trinity Capital Inc. Long Term Incentive Plan. 25% of such restricted shares shall vest on March 15, 2023, and the remaining 75% of such shares shall vest pro rata over the twelve full calendar quarters immediately following March 15, 2023.
- 2. Includes 13,652 restricted shares issued under the 2019 Trinity Capital Inc. Long Term Incentive Plan, which shares began quarterly vesting pro rata over the twelve full calendar quarters immediately following the award date of September 15, 2021.

/s/ Sarah Stanton

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.