FORM 4

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

OMB APPF	ROVAL						
OMB Number:	3235-0287						
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hours per response							

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Ty	pe Response	es)																		
1. Name and Address of Reporting Person * Press Michael W				2. Issuer Name and Ticker or Trading Symbol Thermon Group Holdings, Inc. [THR]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
P O BOX 327 (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 01/02/2015										Office	r (give title belo	ow)	Other (specify	below)	
(Street) GATES MILLS, OH 44040				4. If Amendment, Date Original Filed(Month/Day/Year)										6. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting Person Form filed by More than One Reporting Person						
	(City) (State) (Zip)					Table I - Non-Derivative Securities Acqui										osed of, or	Beneficially	Owned		
1.Title of Security (Instr. 3)			2. Trans Date (Month/	action (Day/Year)	2A. Deemed Execution Date, it any (Month/Day/Year		ate, if	Cod (Ins		ction	4. Securities Acqu (A) or Disposed of (D) (Instr. 3, 4 and 5)			f Benefici		lly Owned I Transaction	6. Ownership Form: Direct (D) or Indirect	7. Natu of Indi Benefi Owner (Instr.	ndirect eficial nership	
								C	ode	V	Amoui	(A) or (D)	Pric	e				(I) (Instr. 4)		
Common	Stock (1)		01/02/2	2015					A		573	A	\$ 0	10	0,071			D		
			7	able II - D)erivat	ive Se	curiti	es Ac	1	cont the f	ained i orm di	n this fo	orm a	are r rent	not req	uired to re d OMB cor	nformation espond un ntrol numb	less	SEC 14	474 (9 02
1. Title of	_	T		(e	<i>.g.</i> , pu	ts, cal	ls, wa	rrant	s, opt	tions,	conver	tible sec	uritie	s)		1	l		- 1-	
Derivative Security (Instr. 3)	2. 3. Transactic Conversion Date Or Exercise Price of Derivative Security		Execution Da (Year) any		4. Transaction Code Year) (Instr. 8)		ction 8)			and i	Expirati	on Date Ar V/Year) Ur Se		7. Title and Amount of Underlying Securities (Instr. 3 and 4)			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	Owner Form of Deriva Securit Direct or India	ship of Brive Cy: (ID)	11. Nat of India Benefic Owners (Instr. 4
															Amount					
						Code	V	(A)	(D)	Date Exer	cisable	Expirati Date	on Ti	tle N	Number of Shares					
Repor	ting O	wners	,																	
Reporting Owner Name / Address			nships	1]														
		ne / Address	Director	10% Own	ner O	fficer	Other	r												
Press Michael W P O BOX 327 GATES MILLS, OH 44040			X																	
Signat	tures																			
/s/ Micha	el Press by	y Sarah Ale	xander a	s attorney	in fac	et		01	/06/	2015										
		Signature of Repo	rting 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).

Equity awarded pursuant to the Issuer's Director Compensation Program. Each of the Issuer's non-executive directors will receive a total of \$55,000 of the Issuer's

(1) common stock per year to be awarded in quarterly installments. The number of shares subject to each award will be determined by dividing \$13,750 by the market closing price per share of common stock as reported on the New York Stock Exchange on each of (a) the date of the Issuer's annual stockholder meeting, (b) October 1, (c) January 1 and (d) April 1 (or the next trading day if such date is not a trading day). Each equity award is 100% vested on the grant date.

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 nu	mber.