# FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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).

#### 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 Type Responses)  1. Name and Address of Reporting Person * FIX ROGER L		2. Issuer Name <b>and</b> Ticker or Trading Symbol Thermon Group Holdings, Inc. [THR]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  _X_ Director					
7171 SOUTHWI 300, SUITE 200	ST PARKWA	AY, BUILDING	3. Date of Earlies 10/01/2020	t Trans	saction	(Month/Da	ny/Year)		Office	er (give title belo	ow)	Other (specify b	elow)
(Street) AUSTIN, TX 78735			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 Acquired, Disposed of, or Beneficially Owned										
(Instr. 3) Dat		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, any (Month/Day/Yea	f Cod (Inst	3. Transaction Code (Instr. 8)		T		Beneficia	nt of Securities ally Owned Following Transaction(s)		6. Ownership Form: Direct (D)	Beneficial Ownership
				Co	ode	V Amou	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)
G G 1		10/01/2020		I	A	2,079	A A	\$ 0	10,566			D	
Common Stock Reminder: Report on	a separate line for		ities beneficially o	wned d	F	or indirect Persons we	ho respoi	m are	not requ		spond unle	ess	1474 (9-02)
	a separate line for	r each class of secur Table II - I	Derivative Securi	ties Ac	F c t quired	or indirect Persons we contained the form d	ho respondin this for isplays a	m are curre eficial	not requesting ntly valid	uired to res OMB con		ess	1474 (9-02)
	3. Transaction Date (Month/Day/Y	Table II - 1  (a. 3A. Deemed Execution Da any		ties Accarrant	quireces, opti	or indirect Persons we contained the form d	ho responding this formula is plays a of, or Benertible securicisable ion Date	eficial rities) 7. T Ame	not requesting ntly valid	OMB conf	spond unle	of 10. Ownersh Form of Derivati Security Direct (I or Indire	11. Nat of Indir Benefic Owners (Instr. 4

### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
FIX ROGER L 7171 SOUTHWEST PARKWAY BUILDING 300, SUITE 200 AUSTIN, TX 78735	X					

# **Signatures**

Ryan Tarkington, Attorney-in-Fact	10/05/2020
**Signature of Reporting 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).
- (1) Award pursuant to Issuer's Non-Employee Director Compensation Program.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 number.