FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

1. Name and Address of Reporting Person* Attestor Value Fund GP Ltd

UGLAND HOUSE, PO BOX 309

(First)

E9

(Middle)

(Last)

(Street) **GRAND**

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 s	secti	ion 30((n) oi	tne i	investm	ent C	ompany Act o	1940							
1. Name and Address of Reporting Person* Attestor Value Master Fund, LP					2. Issuer Name and Ticker or Trading Symbol Garrett Motion Inc. [GTX/GTXMQ] 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title V Other (specify															
(Last) (First) (Middle) UGLAND HOUSE, PO BOX 309						3. Date of Earliest Transaction (Month/Day/Year) 11/19/2020 Officer (give title X Other (specify below) Member of 10% owner group											,			
(Street) GRAND CAYMAN, E9 KY1-1104					4. If	Line)									ndividual or Joint/Group Filing (Check Applicable e) Form filed by One Reporting Person X Form filed by More than One Reporting Person					
(City)	(St	ate) (2	Zip)																	
		Table	I - No	on-Deriva	tive	Se	curit	ties	Acc	quired	l, Di	sposed of	, or E	Benet	ficia	lly Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day			Execution Date,				Acquired (A) or f (D) (Instr. 3, 4 ar							7. Nature of Indirect Beneficial Ownership (Instr. 4)						
										Code	v	Amount	(A) o (D)	r Pri	ce	Transact (Instr. 3	<u> </u>		(
Common	Stock			11/19/20	2020					P		156,000	A	\$	4.3	2,817,970			I	See Footnote ⁽¹⁾
Common	Stock			11/20/20	020					P		230,000	A	\$	34.3	3,047,970				See Footnote ⁽¹⁾
Common Stock			11/23/20	3/2020				P		50,000	A	\$	4.4	3,09	7,970	I		See Footnote ⁽¹⁾		
Common Stock 11/2			11/24/20)20			P		50,000	A	\$	4.86	3,14	7,970	I		See Footnote ⁽¹⁾			
		Та	ble II									oosed of, convertib					d			
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security		on Date se (Month/Day/Year) if an (Mor		eemed ution Date, :h/Day/Year)		Transaction Code (Instr.				6. Date Exer Expiration I (Month/Day		Date	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Beneficia Owned Followin Reported Transact (Instr. 4)	ve Owes Fo Dir or (I) d tion(s)	10. Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficial Ownership ct (Instr. 4)
					Code	, v	, (Α)	(D)	Date Exerc	isable	Expiration Date	Title	Amou or Numb of Share	oer					
		Reporting Person* Master Fund, 1	L <u>P</u>																	
(Last) UGLAN	D HOUSE	(First) PO BOX 309	(N	fiddle)																
(Street) GRAND CAYMA	.N, KY1-	E9																		
(City)		(State)	(Z	(ip)																

CAYMAN, KY1- 1104								
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person* Attestor Capital Ltd								
(Last) UGLAND HOUSI	(First) E, PO BOX 309	(Middle)						
(Street) GRAND CAYMAN, KY1- 1104	Е9							
(City)	(State)	(Zip)						
1. Name and Address Attestor Ltd	of Reporting Person*							
(Last) 7 SEYMOUR STF	(First) REET	(Middle)						
(Street) LONDON, W1H 7JW	X0							
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person* Peters Jan-Christoph								
(Last) (First) (Middle) C/O ATTESTOR LIMITED 7 SEYMOUR STREET								
(Street) LONDON, W1H 7JW	X0							
(City)	(State)	(Zip)						

Explanation of Responses:

1. These securities of Garrett Motion Inc. (the "Company") are beneficially owned by (a) Attestor Value Master Fund LP, a Cayman Islands exempted limited partnership ("Attestor"), as a result of its direct ownership of the Shares reported herein, (b) Attestor Value Fund GP Limited, a Cayman Islands exempted private limited company ("Attestor GP"), as the sole general partner of Attestor, (c) Attestor Capital Limited, a Cayman Islands exempted private limited company ("Attestor GP,"), as the sole general partner of Attestor, attestor GP, (d) Attestor Limited, a private limited company registered in England and Wales (with company number 12080120) ("Attestor Limited"), as the investment manager to Attestor, and (e) Mr. Jan-Christoph Peters, as the sole director and sole indirect shareholder of Attestor Limited. Attestor, Attestor GP, Attestor Capital, Attestor Limited and Mr. Peters are collectively referred to as the "Reporting Persons."

Remarks:

The Reporting Persons are jointly filing this Form 3. The Reporting Persons may be deemed to be members of a group (for purposes of Rule 13d-3 under the Securities Exchange Act of 1934) with the other shareholders of the Company party to the Second Amended and Restated Coordination Agreement, dated November 2, 2020, filed as Exhibit 99.1 to the Reporting Persons' Amendment No. 1 to Schedule 13D filed on November 4, 2020. The Reporting Persons disclaim beneficial ownership of any securities reported by any other person except to the extent of their pecuniary interest therein.

Attestor Value Master Fund LP, acting by Attestor Limited, By: /s/ Jan-Christoph 11/25/2020 Peters, Name: Jan-Christoph Peters, Title: Authorised <u>Attorney</u> Attestor Value Fund GP <u>Limited</u>, <u>By:</u> /s/ Jan-Christoph 11/2<u>5/2020</u> Peters, Name: Jan-Christoph Peters, Title: Director Attestor Capital Limited, By: /s/ Jan-Christoph Peters, 11/25/2020 Name: Jan-Christoph Peters, Title: Director Attestor Limited, By: /s/ Jan-Christoph Peters, Name: Jan-11/25/2020 Christoph Peters, Title: **Authorised Attorney** 11/25/2020 /s/ Jan-Christoph Peters ** 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.