(City)

(State)

1. Name and Address of Reporting Person*

Sessa Capital IM, L.P.

(Zip)

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0104

OMB Number: 320 01 Estimated average burden

hours per response: 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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			16(a) of the Securities Exchanthe Investment Company Act		1934			
1. Name and Address of Reporting Person* Sessa Capital GP, LLC	2. Date of E Requiring S (Month/Day, 02/15/202	tatement 'Year)	3. Issuer Name and Ticker Garrett Motion Inc					
(Last) (First) (Middle) 888 SEVENTH AVENUE, 30TH FLOOR			4. Relationship of Reporting Issuer (Check all applicable) Director		,	File	ed (Month/Day	
(Street) NEW YORK NY 10019	_		Officer (give title below)	Other below)	(specify		Form filed Person	by One Reporting by More than One
(City) (State) (Zip)								
Т	able I - Non	-Derivat	ive Securities Benefic	ially O	wned			
1. Title of Security (Instr. 4)		2. Amount of Securities Beneficially Owned (Instr. 4)	3. Owner Form: I (D) or II (I) (Inst	Direct ndirect	ect Ownership (Instr. 5)			
Common Stock			25,236,484		[See Footnote ⁽¹⁾		
(e.ç			e Securities Beneficia nts, options, converti)		
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable an Expiration Date (Month/Day/Year)		ite	Underlying Derivative Security Conv (Instr. 4) cr Ex		4. Conver or Exer	rcise	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr.
	Date Exercisable	Expiration Date	n Title	Amount or Number of Shares	Derivative		or Indirect (I) (Instr. 5)	
1. Name and Address of Reporting Person* Sessa Capital GP, LLC								
(Last) (First) (Mi 888 SEVENTH AVENUE, 30TH FLO	ddle) OOR							
(Street) NEW YORK NY 10	019							
(City) (State) (Zip	p)							
1. Name and Address of Reporting Person* Sessa Capital (Master), L.P.		_						
(Last) (First) (Mi 888 SEVENTH AVENUE, 30TH FLC	ddle) OOR							
(Street) NEW YORK NY 10	019							

1							
(Last)	(First)	(Middle)					
888 SEVENTH AVENUE, 30TH FLOOR							
(Street)							
NEW YORK	NY	10019					
(City)	(State)	(Zip)					
1. Name and Address of Reporting Person*							
Sessa Capital IM GP, LLC							
(Last)	(First)	(Middle)					
888 SEVENTH AVENUE, 30TH FLOOR							
(Street)							
NEW YORK	NY	10019					
(City)	(State)	(Zip)					
Name and Address of Reporting Person*							
Petry John							
(Last)	(First)	(Middle)					
888 SEVENTH AVENUE, 30TH FLOOR							
(Street)							
NEW YORK	NY	10019					
(City)	(State)	(Zip)					

Explanation of Responses:

1. These securities of Garrett Motion Inc. are beneficially owned by (i) Sessa Capital (Master), L.P. (the "Fund"), directly, (ii) Sessa Capital GP, LLC, indirectly as a result of being the sole general partner of the Fund, (iii) Sessa Capital IM, L.P., indirectly as a result of being the investment adviser for the Fund, (iv) Sessa Capital IM GP, LLC, indirectly as a result of being the sole general partner of Sessa Capital IM, L.P., and (v) John Petry, indirectly as a result of being the manager of Sessa Capital GP, LLC and Sessa Capital IM GP, LLC. Each of the Reporting Persons and Mr. Petry disclaim beneficial ownership of any securities reported by any person except to the extent of their pecuniary interest therein.

/s/ John Petry, for Sessa Capital (Master), L.P., By: Sessa Capital GP, LLC, its 02/20/2024 general partner, By: John Petry, as manager /s/ John Petry, for Sessa Capital GP, LLC, By: John 02/20/2024 Petry, as manager /s/ John Petry, for Sessa Capital IM, L.P., By: Sessa 02/20/2024 Capital IM GP, LLC, its general partner, By: John Petry, as manager /s/ John Petry, for Sessa Capital IM GP, LLC, By: 02/20/2024 John Petry, as manager /s/ John Petry 02/20/2024 ** Signature of Reporting Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5 (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).