FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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

1. Name and Address of Reporting Person*

Attestor Capital Ltd

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

> > 7. Nature of Indirect Beneficial Ownership (Instr. 4)

footnote⁽¹⁾

footnote(1)

11. Nature of Indirect Beneficial Ownership (Instr. 4)

Instruc	tion 1(b).			File	d pursi	uant to	Section	16(a	a) of the	Secu	rities Exchang	ae Act o	f 1934							
					ors	Section	30(h) c	of the	Ínvestr	ment C	Company Act			5100		5	() .			
		f Reporting Person' Master Fund,]			2. Issuer Name and Ticker or Trading Symbol Garrett Motion Inc. [GTXMQ]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)									
	1 value 1	riaster r und, i	<u> </u>									Dire	ctor er (give tit			Owner er (specify				
(Last)	(Fi	rst) (Middle	e)		Date of /28/20		t Tran	saction	n (Mon	th/Day/Year)			belo			belo			
PO BOX	309, UGL	AND HOUSE			03/	20/20	21													
(Street)					4. 1	f Amen	dment,	Date	of Orig	jinal Fi	iled (Month/Da	ay/Year			or Joint/Gro	oup Fili	ng (Chec	k Applicable		
GRAND	H(0) I	(Y1- 1	1104										Line) Form filed by One Reporting Person						
CAYMA	IN 20	-												X Form filed by More than One Reporting Person						
(City)	(S	tate) (2	Zip)																	
		Table	1 - N	lon-Deriva	ative	Secu	ırities	Ac	quire	d, D	isposed o	f, or E	Benefic	ially Owr	ned					
1. Title of	Security (Ins	tr. 3)		2. Transacti Date (Month/Day)			eemed Ition Da	te,	3. Transa Code		4. Securities Disposed Of 5)	Acquire (D) (Ins	ed (A) or tr. 3, 4 and	5. Amo Securit Benefic	ies	Form	vnership : Direct r Indirect	7. Nature o Indirect Beneficial		
				(montanzay)	icui		Month/Day/Year)		8)		,			Owned Report	Following ed		str. 4)	Ownership (Instr. 4)		
									Code	V	Amount	(A) or (D)	Price		ction(s) 3 and 4)					
Common	Stock			05/28/20)21				S		200,000	D	\$8.36	41 2,9	47,970		I	See footnote ⁽		
Series A	Preferred S	tock		05/28/20)21				S		57,700	D	\$9.2	5 4,78	4,781,304		I So			
		Ta	ble II								posed of, convertib				ed			,		
1. Title of	2.	3. Transaction	3A. E	Deemed	4.	Jans,	_	ımber	·		ercisable and	7. Titl		8. Price of	9. Numb	er of	10.	11. Natu		
Derivative Security	Conversion or Exercise		Exec if any	ution Date, y	Tran: Code	saction e (Instr.	of Deriv	vative	Expi (Mor	ration		Amou	ınt of rities	Derivative Security	derivativ Securitie	e es	Owners Form:	of Indire Benefic		
(Instr. 3) Price of Derivative Security		ive	(Mon	nth/Day/Year)) 8)		Securities Acquired (A) or					Deriv	Underlying Derivative Security (Instr.	(Instr. 5)	Benefici Owned Followin	-	Direct (I or Indire (I) (Instr	ct (Instr. 4		
							Disp of (D	osed)				3 and			Reported	ď				
							(Inst	r. 3, 4 5)							(Instr. 4)					
													Amount or							
					Code	v	(A)	(D)	Date	cisable	Expiration Date	Title	Number of Shares							
1 Name a	nd Address o	f Reporting Person			Jour	1	(4)	(5)	LACI	CISCOL	- Juic	Titue	Onares		1					
		Master Fund, 1	LP																	
						-														
(Last)	200 1101	(First) AND HOUSE	1)	Middle)																
PU BUA	. 309, UGL	AND HOUSE				_														
(Street)																				
GRAND CAYMA		E9	k	KY1-1104																
(City)		(State)	(2	Zip)																
		f Reporting Person	r																	
Attesto	r Value F	und GP Ltd				_														
(Last)		(First)	1)	Middle)																
PO BOX																				
UGLAN	D HOUSE					_														
(Street)																				
GRAND CAYMA		E9	k	XY1-1104																
		(State)		Zin)		-														
(City)		(State)	(4	Zip)																

(Last)	(First)	(Middle)					
PO BOX 309	PO BOX 309						
UGLAND HO	USE						
(Street)							
GRAND	E9	KY1-1104					
CAYMAN							
(City)	(State)	(Zip)					
1. Name and Addr	ess of Reporting Person*						
Attestor Ltd							
(Last)	(First)	(Middle)					
7 SEYMOUR STREET							
(Street)							
LONDON	X0	W1H 7JW					
(City)	(State)	(Zip)					
1. Name and Addr	ess of Reporting Person*						
Peters Jan-C	<u>Christoph</u>						
(Last)	(First)	(Middle)					
C/O ATTESTOR LIMITED							
7 SEYMOUR STREET							
(Street)							
LONDON	X0	W1H 7JW					
(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 Capital"), as the manager to 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 GP, Attestor GP, Attestor Capital, Attestor Limited and Mr. Peters are collectively referred to as the "Reporting Persons."

Attestor Value Master Fund LP, acting by Attestor Limited, By: /s/ Jan-Christoph 06/01/2021 Peters, Name: Jan-Christoph Peters, Title: Authorised <u>Attorney</u> Attestor Value Fund GP Limited, By: /s/ Jan-Christoph 06/01/2021 Peters, Name: Jan-Christoph Peters, Title: Director Attestor Capital Limited, By: /s/ Jan-Christoph Peters, 06/01/2021 Name: Jan-Christoph Peters, Title: Director Attestor Limited, By: /s/ Jan-Christoph Peters, Name: Jan-06/01/2021 Christoph Peters, Title: **Authorised Attorney** /s/ Jan-Christoph Peters, 06/01/2021 Name: Jan-Christoph Peters ** Signature of Reporting Person 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.

^{*} 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).