SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

3235-

Estimated average burden 0.5

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

1. Name and Address of Reporting Person [*] Stryker Gina	2. Date of E Requiring S (Month/Day 09/09/202	Statement //Year)	3. Issuer Name and Ticker or Trading Symbol <u>TMC the metals Co Inc.</u> [TMC]				
(Last) (First) (Middle) C/O TMC THE METALS			4. Relationship of Reporting Person(s) to Issuer (Check all applicable)			5. If Amendment, Date of Original Filed (Month/Day/Year)	
COMPANY, INC., 595 HOWE STREET, 10TH FLOOR			X Director Officer (give title below)	10% Owne Other (spe below)	(specify	6. Individual or Jo (Check Applicable X Form filed Person	
(Street) VANCOUVER A1 V6C 2T5							by More than One Person
(City) (State) (Zip)							
Table I - Non-Derivative Securities Beneficially Owned							
1. Title of Security (Instr. 4)			Amount of Securities Beneficially Owned (Instr.)			4. Nature of Indirect Beneficial Ownership (Instr. 5)	
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)							
1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securiti Underlying Derivative Security (Instr. 4)		4. Conversio or Exercis Price of		6. Nature of Indirect Beneficial Ownership (Instr. 5)
				Amount or Number			5)

Explanation of Responses:

No securities are beneficially owned.

/s/ Gina Stryker

09/10/2021

** Signature of Reporting Person

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 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).

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.

OMB Number: 0104

hours per response:

Date