FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 | |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| | tion 1(b). | nuc. See | | Filed | | | | | | | es Exchang npany Act o | | L934 | | | nours | per re | esponse: | 0.5 |
|---|--|--|-------------------------|---|--|-------|--------|------|--|--------|---------------------------|---|--|---|-------------------------------|---|---|-------------|--|
| Name and Address of Reporting Person* Khama Sheila | | | | 2. Issuer Name and Ticker or Trading Symbol TMC the metals Co Inc. [TMC] | | | | | | | | | | onship of Reporting all applicable) Director | | ng Pe | p Person(s) to Issuer 10% Owner | | |
| (Last) (First) (Middle) C/O TMC THE METALS COMPANY INC. | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/13/2021 | | | | | | | | | | Officer (give title below) | | | Other (below) | specify | |
| 595 HOWE STREET, 10TH FLOOR (Street) VANCOUVER A1 V6C 2T5 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicabline) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | son | |
| (City) | (St | ate) (Z | Zip) | | | | | | | | | | | | Perso | on | | | |
| | | Table | I - Nor | n-Deriva | tive S | Secui | rities | Acq | uired, | Dis | posed of | , or Be | nefic | ially (| Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | Exec ay/Year) if any | | A. Deemed Execution Date, f any Month/Day/Year) | | | | es Acquired (A Of (D) (Instr. 3, | | and S E | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Pric | , т | Transa | ansaction(s) str. 3 and 4) | | | (IIISti. 4) | |
| Common | Shares | | | 09/13/2 | 2021 | | | | A | | 8,032(1) | A | \$ | \$0 8,032 D | | | D | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | | on Date, | 4. Transaction Code (Instr. 8) | | | | 6. Date Exerc Expiration Da (Month/Day/Y | | te ear) | 0 | of es ing ve v (Instr. | Deriv | | 9. Number of derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4) | Owners Form: Direct (I or Indire (I) (Instr | Ownership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | | f hares | | | | | | |

Explanation of Responses:

1. Includes 8,032 restricted stock units granted under the Issuer's 2021 Incentive Equity Plan which will vest over a three year period as follows, subject to continued service through each vesting date: 1/3 on the first anniversary of September 13, 2021 (the "Grant Date"), 1/3 on the second anniversary of the Grant Date and 1/3 on the third anniversary of the Grant Date.

/s/ Jaime Lee, Attorney-in-

Fact

** Signature of Reporting Person Date

09/15/2021

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.