UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APP	ROVAL
OMB Number:	3235-028
Cotimated average	burdon

longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden 0.5 hours per response..

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* Pons Rafael (Last) (First) (Middle) C/O TRECORA RESOURCES, 1650 HWY 6 S, SUITE 190 (Street) SUGAR LAND, TX 77478 (City) (State) (Zip)				2. Issuer Name and Ticker or Trading Symbol TRECORA RESOURCES [TREC] 3. Date of Earliest Transaction (Month/Day/Year) 02/16/2022 4. If Amendment, Date Original Filed(Month/Day/Year)					5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) Chief Manufacturing Officer 6. Individual or Joint/Group Filing/Check Applicable Line) X_Form filed by One Reporting Person Form filed by More than One Reporting Person					
			4												
			(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea			Execution Date, if Co		Trans ode nstr. 8	(.	A) or Dispose Instr. 3, 4 and	Owned Followi Transaction(s) (Instr. 3 and 4)			l C F I	Ownership form: Direct (D) r Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	V A	Amount (D				,	Instr. 4)	
Reminder: Re	eport on a se	parate line for each o	class of securities be	eneficially	owne	ed direct	tly or	Person in this	form are no	t required t	collection of to respond u				474 (9-02)
Reminder: Re	eport on a se	parate line for each o	Table II -	Derivativ	ve Sec	curities .	Acqu	Person in this a curre		t required to MB contro	to respond u I number.				474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion	3. Transaction	Table II - 3A. Deemed Execution Date, if	Derivativ (e.g., puts 4. Transact Code	ve Section of Section	curities : s, warra	Acquants, oper ative es d (A) osed	Person in this a curre ired, Dispoptions, co	form are no intly valid O osed of, or Bo onvertible securicable ation Date	t required to MB contro eneficially O urities)	owned Amount of Securities	8. Price of	form display 9. Number of	10. Ownersh Form of Derivativ Security: Direct (I or Indire	11. Naturip of Indire Benefici Ownersh (Instr. 4)
Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - 3A. Deemed Execution Date, if	Derivativ (e.g., puts 4. Transact Code	ve Section of Section	s., warra 5. Numb of Deriva Securitie Acquirector Dispo of (D) Instr. 3,	Acquants, oper ative es d (A) osed	Person in this a curre ired, Dispoptions, co	form are no not not not not not not not not not	t required to MB control eneficially Ourities) 7. Title and Underlying	owned Amount of Securities	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownersh Form of Derivativ Security: Direct (I or Indire	11. Naturip of Indire Benefici Ownersh (Instr. 4)

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Pons Rafael C/O TRECORA RESOURCES 1650 HWY 6 S, SUITE 190 SUGAR LAND, TX 77478			Chief Manufacturing Officer			

Signatures

/s/ Christopher Groves as attorney in fact for Rafael Pons	02/17/2022
-*Signature of Reporting Person	Date

Explanation of Responses:

- 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).
- (1) Granted as officer compensation. Converts into common stock on a one-for-one basis.
- (2) One half of award vests ratably over 3 years beginning with the first anniversary date of the grant date. The remaining 50% vest at the end of three years subject to performance criteria

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.