| FORM 5 |
|-----------------------------|
| Check this box if no longer |

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

OMB APPROVAL OMB Number: 3235-0362 Estimated average burden hours per response... 1.0

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Form 3 Holdings Reported

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Form 4 Transactions Reported 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 – AHMAD SAMI | | | 2. Issuer Name and Ticker or Trading Symbol TRECORA RESOURCES [TREC] | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | |
|---|---------|---------------------------|--|--|------------------------|---|-------|--|---------------------------|------------|--|
| (Last) | (First) | (Middle) | 3. Statement for Is | Statement for Issuer's Fiscal Year Ended | | | | X Officer (give title below) | Other (specify | below) | |
| | _ | | (Month/Day/Year) |) | | | ļ | CFO | | | |
| 1 DUNNAM LANE | | | 12/31/2017 | | | | | | | | |
| (Street) | | | 4. If Amendment, | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | 6. Individual or Joint/Group Reporting | | | |
| | | | | | | | | (check applicable line) | | | |
| HOUSTON, TX 77024 | | | | | | | | _X_Form Filed by One Reporting Person Form Filed by More than One Reporting Person | | | |
| (City) | (State) | (Zip) | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | |
| 1.Title of Security | | 2. Transaction | 2A. Deemed | 3. Transaction | 4. Securities Acquired | | | 5. Amount of Securities | 6. | 7. Nature | |
| (Instr. 3) | | | Execution Date, if | | (A) or Disposed of (D) | | | Beneficially Owned at end of | Ownership | | |
| | | (Month/Day/Year) | ~ | · / | (Instr. 3, 4 and 5) | | | Issuer's Fiscal Year | | Beneficial | |
| | | | (Month/Day/Year) | | (A) | | | (Instr. 3 and 4) | Direct (D) or Indirect | Ownership | |
| | | | | | (A) or | | | | (I) | (11150.4) | |
| | | | | | Amount | - | Price | | (Instr. 4) | | |
| | | | | | | | \$ | | | | |
| common stock | | 12/31/2017 ⁽¹⁾ | | P4 | 432 | А | 12.47 | 432 | D | | |
| | | | | | | | (2) | | | | |

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

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently 02) valid OMB control number.

| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned |
|---|
| (e.g., puts, calls, warrants, options, convertible securities) |

| (e.g., puts, cans, warrants, options, convertible securities) | | | | | | | | | | | | | | |
|---|-------------|------------------|--------------------|-------------|---------|-------|--------------|------------|--------|---------|-------------|--------------|-------------|-------------|
| 1. Title of | 2. | 3. Transaction | 3A. Deemed | 4. | 5. Nu | mber | 6. Date Exer | cisable | 7. Tit | le and | 8. Price of | 9. Number | 10. | 11. Nature |
| Derivative | Conversion | Date | Execution Date, if | Transaction | of | | and Expirati | on Date | Amou | unt of | Derivative | of | Ownership | of Indirect |
| Security | or Exercise | (Month/Day/Year) | any | Code | Deriv | ative | (Month/Day | /Year) | Unde | rlying | Security | Derivative | Form of | Beneficial |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | Secur | ities | | | Secur | rities | (Instr. 5) | Securities | Derivative | Ownership |
| | Derivative | | | | Acqui | red | | | (Instr | . 3 and | | Beneficially | Security: | (Instr. 4) |
| | Security | | | | (A) oi | • | | | 4) | | | Owned at | Direct (D) | |
| | | | | | Dispo | sed | | | | | | End of | or Indirect | |
| | | | | | of (D) |) | | | | | | Issuer's | (I) | |
| | | | | | (Instr. | | | | | | | Fiscal Year | (Instr. 4) | |
| | | | | | 4, and | 5) | | | | | | (Instr. 4) | | |
| | | | | | | | | | | Amount | | | | |
| | | | | | | | Date | Expiration | | or | | | | |
| | | | | | | | Exercisable | | Title | Number | | | | |
| | | | | | | | Exercisable | Date | | of | | | | |
| | | | | | (A) | (D) | | | | Shares | | | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--------------------------------|---------------|-----------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| AHMAD SAMI | | | | | | | |
| 1 DUNNAM LANE | | | CFO | | | | |
| HOUSTON, TX 77024 | | | | | | | |

Signatures

| Sami Ahmad | 02/07/2018 |
|----------------------------------|------------|
| 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) Represents 2017 purchases made through 401(k) transactions

(2) Represents average price

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.