FORM 3

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVA
-------------

OMB Number:	3235-0104		
Estimated average burden			
hours per response:	0.5		

# INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

Name and Address of Reporting Person*     Powers Shawn A.		2. Date of Event Requiring Statement (Month/Day/Year)  3. Issuer Name and Ticker or Trading Symbol  TTM TECHNOLOGIES INC [ TTMI ]						
(Last) (First) (Middle) 200 EAST SANDPOINTE, SUITE 400		(Check all applical Director X Officer ( below)		all applicable) Director Officer (give title below)	tor 10% Owner er (give title Other (specify		5. If Amendment, Date of Original Filed (Month/Day/Year) 06/27/2023	
(Street) SANTA ANA (City)	CA (State)	92707 (Zip)			EVP, Human R	esources	1	oup Filing (Check ne Reporting Person ore than One Reporting

# Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	89,128(1)	D	

# Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)			3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		or Exercise	Form: Direct (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	e (Instr. 5)	

### **Explanation of Responses:**

1. 50,379 shares were omitted from the original Form 3 and from the Form 4 filed by the reporting person on June 26, 2023.

#### Remarks:

/s/ Daniel J. Weber, Attorney-in-07/13/2023

**Fact** 

\*\* 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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).