FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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*						2. Issuer Name and Ticker or Trading Symbol HomeTrust Bancshares, Inc. [HTBI]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Westbrook Hunter						Tionic Trust Danieshares, IIIC. [FI DI]									X	Directo	or		10% Ov	vner		
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 12/06/2023									X	Officer below)	below)		Other (s below)	specify		
C/O HOMETRUST BANCSHARES, INC.															President, CEO							
10 WOODFIN STREET						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Inc	6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)																	X Form filed by One Reporting Person					
ASHEVILLE NC 28801																Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)		Rı	Rule 10b5-1(c) Transaction Indication																
											nsaction was made pursuant to a contract, instruction or written plan that is intended to itions of Rule 10b5-1(c). See Instruction 10.											
		Tab	le I - Noi	n-Deriv	ative	Se	curitie	es A	cqı	uired, l	Dis	posed o	of, or B	ene	ficially	/ Owned	d					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						ar) E	2A. Deemed Execution Date, if any (Month/Day/Year		Code (Ins								es ially Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	(A) (D)	or	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)					
Common Stock 12/06/						2023				I		5,219	219 A S		\$25.22	11	11,188			By KSOP		
Common Stock														71,531			D					
		Т	able II -									osed of onverti				Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution I if any (Month/Day	Date,	4. Transa Code (8)				6. Date Exercisa Expiration Date (Month/Day/Yea				7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4)		curity	. Price of Perivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Da Ex	ite cercisable		xpiration ate	Title	or Nu of	ımber							
Stock Option	\$31.35									(1)	0:	2/11/2032	Commor Stock	10	0,000		10,000		D			
Stock Option	\$26									(2)	0:	2/11/2028	Commor Stock	40	0,000		40,000		D			
Stock	\$24.95			T						(2)	0:	2/11/2027	Commor	20	0,000		20,000	,]	D			

Explanation of Responses:

- 1. Represents stock option granted under Issuer's 2013 Omnibus Incentive Plan with the following vesting schedule: 20% increments on February 11, 2023, 2024, 2025, 2026 and 2027.
- 2. Represents stock option granted under Issuer's 2013 Omnibus Incentive Plan with the following vesting schedule: 20% increments on February 11, 2019, 2020, 2021, 2022 and 2023.

Remarks:

/s/ Tony J. VunCannon,

Attorney-in-Fact for Hunter

12/07/2023

Westbrook

** 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 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.