FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washir

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| ngton, D.C. 20549 | OMB APPROVA |
|-------------------|-------------|
| | |

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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

| 1. Name and Address of Reporting Person* <u>Houghton Keith J</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol HomeTrust Bancshares, Inc. [HTBI] | | | | | | | | (Check all app Direc | | , | | on(s) to Issi 10% Ow Other (s | /ner | |
|---|---|--|--|------------|--|---|--|------------------------|------------------------------|--|--------------------|---------------------------------------|---|--|---|---|--|--|--|--|
| | ` | BANCSHARES | (Middle) S, INC. | | | Date (| | est Trans | saction (M | 1onth/ | /Day/Year) | | | X | below) | | Credit | below) | poony | |
| (Street) ASHEVILLE NC 28801 (City) (State) (Zip) | | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (5) | | (Zip) | n Doriv | rative | | ourit | ioc Ao | quirod | Dic | nosod e | of or Do | nofici | ially | Ownoo | | | | | |
| Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Transa Date (Month/L | | | | saction | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transa Code (| ction | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | , | 5. Amou Securition Benefici Owned I | 5. Amount of Securities Beneficially Owned Following | | Direct Control of the | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price |) | Reporte Transac (Instr. 3 | tion(s) | | | Instr. 4) | |
| Common Stock | | | 02/14 | 02/14/2017 | | | | М | | 6,000 |) A \$ | | 5.88 | 9,693 | | | D | | | |
| Common Stock | | | | 02/14 | 02/14/2017 | | | | S | | 3,600 | D | \$2 | 5.8 | 6,093 | | | D | | |
| Common Stock 02/1 | | | | 02/14 | /2017 | | | | S | | 2,204 | D | \$25 | .775 | 3,889 | | | D | | |
| Common Stock 02/14/2 | | | | /2017 | 2017 | | | | | 196 | D \$25.7 | | 5.75 | 5 3,693 | | | D | | | |
| | | T | able II - | | | | | | | | osed of | | | | wned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | n Date, | 4. Transaction Code (Instr 8) | | n of | | 6. Date Expiration (Month/Da | n Date | • | of Securit Underlyin Derivative | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | | Date Exercisal | | Expiration Date | Title | Amoui or Numbe of Shares | er | | | | | | |
| Stock Option | \$15.88 | 02/14/2017 | | | M | | | 6,000 | (1) | (| 03/10/2024 | Common Stock | 6,00 | 0 | \$0 | 4,000 | | D | | |
| Stock | \$17.35 | | | | | | | | (2) | | 02/11/2026 | Common | 10,00 | 00 | | 10,000 | , | D | | |

Explanation of Responses:

- 1. Represents stock option granted under Issuer's 2013 Omnibus Incentive Plan with the following vesting schedule: 20% increments on March 10, 2015, 2016, 2017, 2018 and 2019.
- 2. Represents stock option granted under Issuer's 2013 Omnibus Incentive Plan with the following vesting schedule: 20% increments on February 11, 2017, 2018, 2019, 2020 and 2021.

Remarks:

Option

/s/ Teresa White, Attorney-in-Fact for Keith J. Houghton

02/16/2017

** Signature of Reporting Person

Date

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.