FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| wasinigion, | D.C. | 20343 |  |
|-------------|------|-------|--|
|             |      |       |  |

OMB APPROVAL 3235-0287 OMB Number: STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Estimated average burden

hours per response:

0.5

| Check this box if no longer subject to | J |
|--|---|
| 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*  Koontz Craig C.   |  |            |  |  | 2. Issuer Name and Ticker or Trading Symbol HomeTrust Bancshares, Inc. [ HTBI ] |   |         |  |   |        |   |   |   | (Ch  | eck all appli  | ationship of Reporting all applicable)  Director                  |                           | 10% Ov             | ner     |
|--|--|------------|--|--|---|---|---------|--|---|--------|---|---|---|--|--|---|---------------------------|--------------------|---------|
|  | METRUST  | BANCSHARES | (Middle)<br>S, INC.                          |  | 3. Date of Earliest Transaction (Month/Day/Year) 11/16/2020                     |   |         |  |   |        |   |   |   |  | Officer<br>below)  | fficer (give title<br>elow)                                       |                           | Other (s<br>below) | specify |
| 10 WOODFIN STREET  |  |            |  | 4. If Amendment, Date of Original Filed (Month/Day/Year) |   |   |         |  |   |        |   |   | 6. Individual or Joint/Group Filing (Check Applicable Line) |  |  |   |                           |                    |         |
| (Street)   | ILLE N   | C :        | 28801  |  |   |   |         |  |   |        |   |   |   |  | iled by Moi  |   | orting Person<br>One Repo |                    |         |
| (City)   | (S   | tate) (    | (Zip)  |  |   |   |         |  |   |        |   |   |   |  |  |   |                           |                    |         |
|  |  | Tab        | le I - Noi                                   | n-Deriva   | tive \$   | Securi  | ties Ad | cqu  | ıired,  | Dis    | posed c   | of, o   | r Ben   | eficial  | ly Owned   | k   |                           |                    |         |
| 1. Title of Security (Instr. 3)  2. Transar Date (Month/Date)  |  |            | Execution Date,                              |  | ′ I   | Transaction Disposed Code (Instr. 5)                      |         |  | rities Acquired (A) o<br>ed Of (D) (Instr. 3, 4 |        |   | Benefic   | es<br>ially<br>Following                                    | Form<br>(D) o  | : Direct<br>r Indirect<br>str. 4)                                  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |                           |                    |         |
|  |  |            |  |  |   |   |         | Code   | v   | Amount |   | (A) or<br>(D)   | Price   | Transac<br>(Instr. 3   | tion(s)  |   |                           | (1150.4)           |         |
| Common Stock   |  |            | 11/16/                                       | 6/2020   |   |   |         | M  |   | 6,000  |   | A   | \$14.3  | 37   | 37,536   |   | D                         |                    |         |
| Common Stock 11/16   |  |            | 11/16/                                       | 6/2020   |   |   |         | S  |   | 6,000  |   | D   | \$18.   | 9 31   | 31,536   |   | D                         |                    |         |
|  | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |            |  |  |   |   |         |  |   |        |   |   |   |  |  |   |                           |                    |         |
| 1. Title of Derivative Security  (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  3. Transaction Date (Month/Day/Year)  (Month/Day/Year)  3. Transaction Date (Month/Day/Year)  Execution Date, if any (Month/Day/Year) |  | Date, T    | ransaction of E<br>ode (Instr. Derivative (N |  | Ex  | Date Exercisable and<br>cpiration Date<br>lonth/Day/Year) |         | Amount of<br>Securities<br>Underlying<br>Derivative Secu<br>(Instr. 3 and 4) |   | Amount | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Number<br>derivative<br>Securities<br>Beneficial<br>Owned<br>Following<br>Reported<br>Transactic<br>(Instr. 4) | ly  | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |   |                           |                    |         |

Date Exercisable

(1)

(2)

(3)

Expiration Date

02/11/2023

02/11/2029

02/11/2028

Title

Stock

Commor

Commo

## **Explanation of Responses:**

\$14.37

\$27.51

1. Represents stock option granted under Issuer's 2013 Omnibus Incentive Plan with the following vesting schedule: 20% increments on February 11, 2014, 2015, 2016, 2017 and 2018.

(A) (D)

6,000

 $2. \ Represents \ stock \ option \ granted \ under \ Issuer's \ 2013 \ Omnibus \ Incentive \ Plan \ with \ the \ following \ vesting \ schedule: 100\% \ on \ February \ 11, 2020.$ 

Code

3. Represents stock option granted under Issuer's 2013 Omnibus Incentive Plan with the following vesting schedule: 100% on February 11, 2019.

## Remarks:

Stock

Option

Stock

Option Stock

Option

/s/ Tony J .VunCannon,

of Shares

6,000

2,300

1,400

\$<mark>0</mark>

16,000

2,300

1,400

D

D

D

11/18/2020 Attorney-in-Fact for Craig C.

**Koontz** 

\*\* 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).

11/16/2020

\*\* 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.