FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
l	Estimated average burd	en								
l	hours per response:	0.5								

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>Koontz Craig C.</u>						2. Issuer Name and Ticker or Trading Symbol HomeTrust Bancshares, Inc. [ HTBI ]									(Che	elationship eck all appli Directo	or		rson(s) to Iss 10% Ov		
(Last) (First) (Middle) C/O HOMETRUST BANCSHARES, INC. 10 WOODFIN STREET							3. Date of Earliest Transaction (Month/Day/Year) 02/11/2020										(give title		Other (s below)	specify	
(Street) ASHEVILLE NC 28801 (City) (State) (Zip)					- 4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)										Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
(9)			le I - Nor	n-Deriv	/ative	- Se	curiti		·an	uired '	Disr	nosed (	of or B	enef	iciall	v Owner					
1. Title of Security (Instr. 3)  2. Transidate (Month/I				saction		2A. Deemed Execution Date, if any (Month/Day/Year)			3. Transac Code (II	ction	4. Secur	ities Acqu d Of (D) (I	ired (A	A) or	5. Amou Securiti Benefici Owned I	nt of es ally -ollowing	Forn (D) o	n: Direct or Indirect   I nstr. 4)   (	7. Nature of Indirect Beneficial Ownership		
										Code	v	Amount	(A) (D)	or F	Price	Reporte Transac (Instr. 3	ction(s)			(Instr. 4)	
Common	Stock			02/1	1/2020	2020				A		1,107	<b>7</b> (1)	<b>A</b> \$0		32	32,236		D		
		Т	able II -										, or Be ble sec			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 if any (Month/Da	Date,	4. Transaction Code (Instr 8)				6. Date Exercisa Expiration Date (Month/Day/Yea				7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial 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)	(D)	Dat Exe	te ercisable		piration ite	Title	Amo or Nun of Sha							
Stock Option	\$14.37									(2)	02	/11/2023	Commor Stock	22,	000		22,000		D		
Stock Option	\$27.51									(3)	02	/11/2029	Commor	2,3	300		2,300		D		
Stock	\$26									(4)	02	/11/2028	Common	1,4	400		1,400		D		

## **Explanation of Responses:**

- 1. Represents restricted stock award under Issuer's 2013 Omnibus Incentive Plan with the following vesting schedule: 100% on February 11, 2021.
- 2. 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.
- 3. Represents stock option granted under Issuer's 2013 Omnibus Incentive Plan with the following vesting schedule: 100% on February 11, 2020.
- 4. Represents stock option granted under Issuer's 2013 Omnibus Incentive Plan with the following vesting schedule: 100% on February 11, 2019.

## Remarks:

/s/ Tony J .VunCannon,

Attorney-in-Fact for Craig C. 02/12/2020

\*\* 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.