FORM 5

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | DC | 20549 |
|--------------|------|-------|
| wasinington, | D.C. | 20343 |

OWNERSHIP

| , | OMB APPROVAL | | | | |
|---|--------------|--------|--|--|--|
| ANNUAL STATEMENT OF CHANGES IN BENEFICIAL | OMB Number: | 3235-0 | | | |

Estimated average burden hours per response: 1.0

| | Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). |
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Form 3 Holdings Reported

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|--|--|---|--------------------------|--|---|--|--------------------------------------|--|-------------------------------------|--|---------------|--|--|----------|
| Form 4 | 1 Transactions | Reported. | File | | | | e Securities Excha ment Company A | | | | | | | |
| Name and Address of Reporting Person* VunCannon Tony J. | | | | 2. Issuer Name and Ticker or Trading Symbol HomeTrust Bancshares, Inc. [HTBI] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) EVP, CFO and Treasurer | | | | |
| (Last) (First) (Middle) C/O HOMETRUST BANCSHARES, INC. 10 WOODFIN STREET | | | | | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 06/30/2015 | | | | | | | | | |
| (Street) ASHEVILLE NC 28801 (City) (State) (Zip) | | | | 4. If Amer | Line) X Form filed by | | | | | | rm filed by C | roup Filing (Check Applicable One Reporting Person More than One Reporting | | |
| | | Tab | e I - Non-Deriv | ative Sec | urities | Acquire | ed, Disposed | of, or | Benefici | ally Owi | ned | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. | 4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned at end | | 6. Ownership Form: Direct f (D) or | rship In | 7. Nature of Indirect Beneficial Ownership | | |
| | | | (Month/Day/Year) | | 8) | Amount | (A) or (D) | Price | Issue | Issuer's Fiscal Year (Instr. 3 and | | | (Instr. 4) | |
| Common | Common Stock | | 12/10/2014 | | | J | 25(1) | D | \$0 | | 0 | | I B | y Spouse |
| Common | Stock | | 12/10/2014 | | | J | 25(1) | A | \$0 | 29,757 | | | D | |
| Common Stock | | | | | | | | | 2 | 21,003 | | | By 401(k) Plan | |
| Common Stock | | | | | | | | | 2,359 | | I B | y ESOP | | |
| 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) | erivative Conversion Date Execution Date, Tracecurity or Exercise (Month/Day/Year) if any Co | | Transaction Code (Instr. | Transaction of Expirat Code (Instr. Derivative (Month | | Exercisable and tion Date I/Day/Year) I/Da | | nt of ties ying tive Security | Derivativ Security (Instr. 5) | 8. Price of Derivative Security (Instr. 5) Beneficially Owned Following Reported Transaction (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

\$14.37 Option

Explanation of Responses: 1. Transaction represents change in ownership of shares from sole ownership by reporting person's spouse to joint ownership by reporting person's spouse and reporting person.

(A) (D)

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.

Date

Exercisable

(2)

Expiration Date

02/11/2023

Title

Common

Stock

Remarks:

Stock

/s/Teresa White, Attorney-in-Fact for Tony J. VunCannon

Number

Shares

90,000

09/30/2015

90,000

D

** 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.