FORM 4

UNITED

STATES SECURITIES AND	EXCHANGE COMMISSION
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Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden 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)

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

			(v	Amount (A) or (D) F		Price	Reported Transaction(s) (Instr. 3 and 4)	(,, (,)	(Instr. 4)		
Dat		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
		Table I - No	n-Derivative S	Securities Acq	uired,	Disp	osed of, o	or Ben	eficially	Owned			
(City)	(State)	(Zip)								1 013011			
ASHEVILLE	NC	28801							7	Form filed by More than One Reporting Person			
(Street)]						Form filed by One Reporting Person			
10 WOODFIN	STREET		4. If A	mendment, Date of	Original	Filed	(Month/Dav/Y	ear)	6. Indi	vidual or Joint/Group	Filing (Check A	oplicable	
C/O HOMETRUST BANCSHARES, INC.				08/15/2024						EVF, CFO and Heasurer			
VunCannon Tony J. (Last) (First) (Middle)				Date of Earliest Transaction (Month/Day/Year)						below) below) EVP, CFO and Treasurer			
										Director Officer (give title	10% (Owner (specify	
Name and Address of Reporting Person* Name Course of Terror I. Name Course of Terror II. Name Course of Terror I				2. Issuer Name and Ticker or Trading Symbol HomeTrust Bancshares, Inc. [HTBI]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 3A. Deemed Execution Date, if any 11. Nature of Indirect Beneficial 1. Title of 3. Transaction 5. Number 6. Date Exercisable and 7. Title and Amount 8. Price of Derivative 9. Number of 10. Date (Month/Day/Year) of Securities Underlying Conversion or Exercise Transaction Code (Instr. Expiration Date (Month/Day/Year) Ownership Form: Derivative derivative of Derivative Security Security Securities Direct (D) or Indirect Price of Derivative Derivative Security (Instr. 3 and 4) (Instr. 3) (Month/Day/Year) 8) Securities (Instr. 5) Beneficially Ownership Acquired (Instr. 4) (A) or Disposed of (D) (Instr. 3, 4 Security Following (I) (Instr. 4) Reported Transaction(s) (Instr. 4) and 5) Amount Number Expiration Date Date of Shares ٧ (D) Exercisable Title Code (A) Stock 02/11/2028 25 000 25,000 D \$26

264

D

\$33.16

63,579

28,697

D

By

KSOP

Explanation of Responses:

Common Stock

Common Stock

- 1. Represents adjustment in number of shares relating to award of performance-based restricted stock units previously reported on February 11, 2022, using target number of shares (759 shares). The award vested as to 912 shares on August 15, 2024, based on the level of achievement of the performance goal.
- 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:

Option

/s/ Tony J. VunCannon

Stock

08/19/2024

** 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).

08/15/2024

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.