SEC Foi	m 4 FORM	4 0	UNITE) STA	TES	s se	ECUI						NGI	ECC	OMMI	SSION						
			Washington, D.C. 20549													OMB APPROVAL						
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See							NT OF CHANGES IN BENEFICIAL OWNERSHIP													OMB Number: 3235-0287 Estimated average burden		
Instruc	Fil	ed purs or	suant Secti	to Sect on 30(h	ion 16(ı) of the	(a) o e Inv	of the Sec vestment		hours	s per re	sponse:	0.5										
1. Name and Address of Reporting Person [*] JAMES ROBERT E.						2. Issuer Name and Ticker or Trading Symbol HomeTrust Bancshares, Inc. [HTBI]										elationship eck all appli X Direct	cable)	ng Per	son(s) to Iss 10% O			
(Last) (First) (Middle) HOMETRUST BANCSHARES, INC.					3. Date of Earliest Transaction (Month/Day/Year) 02/11/2022											Officer (give title Other (specify below) below)				specify		
10 WOODFIN STREET						4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable						
(Street) ASHEVILLE NC 28801					_	Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person																
(City)	(S	tate)	(Zip)																			
		Tab	le I - Nor	ו-Deri	vative	e Se	curiti	es A	cqu	uired, D	Disp	osed	of, or	Ben	eficiall	y Owne	d					
Date				2. Tran Date (Month		ear) i	Executi f any	A. Deemed xecution Date, any Month/Day/Yea		3. Transactio Code (Inst 8)						Securiti Benefic Owned	5. Amount of Securities Beneficially Owned Following Reported		n: Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
										Code	v	Amount		A) or D)	Price	Transac (Instr. 3	tion(s)			(1150.4)		
Common Stock 02/1					1/202	2				Α		955(1)	А	\$0	10	,299		D			
Common Stock																1,	250			By 401(k)		
		T	able II -													Owned			I			
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	ed Date,	d 4. Date, Transactio Code (Inst		5. NL of Deriv Secu Acqu (A) o Disp of (D	umber vative urities uired or osed) r. 3, 4	6. C Exp	S, Options, Convo 6. Date Exercisable an Expiration Date (Month/Day/Year)					mount	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownershi (Instr. 4)		
					Code	v	(A)	(D)	Dat	te ercisable		piration ate	Title	0 N 0	lumber							
Stock Option	\$27.51									(2)	02	2/11/2029	Comn Stoc		1,000		1,000	0	D			
Stock Option	\$26									(3)	02	2/11/2028	Comn Stoc		1,000		1,000	0	D			
Stock Option	\$24.95								Γ	(4)	02	2/11/2027	Comn Stoc	^{non} k	0,000		10,00	00	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, 2023.

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

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

4. Represents stock option granted under Issuer's 2013 Omnibus Incentive Plan with the following vesting schedule: 20% increments on February 11, 2018, 2019, 2020, 2021 and 2022.

/s/ Tony J. VunCannon,

Attorney-in-Fact for Robert E. 02/15/2022 <u>James</u>

** 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.