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FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPROVAL									
Ì	OMB Number:	3235-0287								
	Estimated average burden									
	hours per response:	0.5								

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

							. ,		nvestmer				1340							
1. Name ar	2. Issuer Name and Ticker or Trading Symbol HomeTrust Bancshares, Inc. [HTBI]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)										
<u>Caywo</u>	<u>od Marty</u>	<u>/ 1.</u>	1.0.	[10merrust Daneshares, me. [mbl]									Direct	or		10% O\	vner			
,	3. Date of Earliest Transaction (Month/Day/Year) 02/11/2024									X Office below	r (give title)		Other (: below)	specify						
(Last)										EVP,	, Chief Inf	ormat	tion Offic	er						
HOMET																				
10 WOO	4. If Amendment, Date of Original Filed (Month/Day/Year)									 Individual or Joint/Group Filing (Check Applicable Line) 										
															X Form	filed by One	e Repo	orting Perso	n	
· /	(Street) ASHEVILLE NC 28801													Form filed by More than One Reporting Person				rting		
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication														
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Tab	le I - No	n-Deriv	ative	Secu	urities	s Acq	juired,	Dis	posed	of, d	or Ben	eficia	lly Owne	d				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					th/Day/Year) i		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)						I Securit Benefic Owned	5. Amount of Securities Beneficially Owned Following		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	:	(A) or (D)	Price	Reporte Transao (Instr. 3	ction(s)			(Instr. 4)		
Common	Stock			02/11	/2024				F		341		D	\$26.5	58 8	,844		D		
Common Stock															26	5,029			By KSOP	
		1		Deriva (e.g., p											/ Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transacti Code (Ins r) 8)				. Date Ex expiration Month/Da		7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		s ecurity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e C Is F ally C g (i	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficia Ownersh (Instr. 4)		
				Ī						Τ			(Amount or Number	1					

Date Exercisable

(2)

Expiration Date

02/11/2028

02/11/2029

Title

Commo

Stock

Common

Stock

Explanation of Responses:

\$<mark>26</mark>

\$27.51

1. 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.

(A) (D)

2. Represents stock option granted under Issuer's 2013 Omnibus Incentive Plan with the following vesting schedule: 20% increments on February 11, 2020, 2021, 2022, 2023 and 2024.

Remarks:

Stock

Option

Stock

Option

/s/ Tony J. VunCannon,

of Shares

10,000

15,000

10,000

15,000

D

D

Attorney-in-Fact for Marty T. 02/13/2024 Caywood

** 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).

Code V

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.