FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** OMB Number: 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

Name and Address of Reporting Person*							2. Issuer Name and Ticker or Trading Symbol HomeTrust Bancshares, Inc. [ HTBI ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Biesecker Sidney A.						OIII	LIIU	ot Dan	CSIIU	100,1	iiic	<u>.</u> [ 1111D	1 ]		X Directo	or	10% (	Owner		
(Last) (First) (Middle) C/O HOMETRUST BANCSHARES, INC.						3. Date of Earliest Transaction (Month/Day/Year) 02/04/2020									Officer below)	(give title	Other below	(specify		
10 WOODFIN STREET							4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) ASHEVILLE NC 28801															X Form filed by One Reporting Person  Form filed by More than One Reporting Person					
(City) (State) (Zip)																				
		Tab	le I - No	n-Deri	ivativ	e Se	ecuri	ties Ac	quir	ed, D	isp	osed o	f, or Be	neficial	ly Owned	I				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D							if any	emed tion Date n/Day/Yea	′   co	ansacti ode (Ins					Benefici Owned	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
									Co	ode V	,	Amount	(A) oi (D)	Price	Reporte Transac (Instr. 3	tion(s)		(Instr. 4)		
Common Stock 02/04/						2020			ı	М		10,000	0 A \$14		39	,982	D			
Common Stock 02/04/						.0				S		10,000	0 D	\$26.6	55 29	,982	D			
Common Stock															2,019		I	By KSOP		
		-	Table II -										or Ben ble secu		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/Day	Date,	4. Transaction Code (Instr. 8)		of Deri Sec Acq (A) Disp	umber ivative urities uired or oosed D) (Instr. and 5)	Expir	ite Exer ration D ith/Day/	ate	ble and	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exerc	cisable		opiration	Title	Amount or Number of Shares						
Stock Option	\$14.37	02/04/2020			M			10,000		(1)	02	2/11/2023	Common Stock	10,000	\$0	22,000	D			
Stock Option	\$27.51								(	(2)	02	2/11/2029	Common Stock	2,300		2,300	D			
Stock Option	\$26									(3)	02	2/11/2028	Common Stock	1,400		1,400	D			

## **Explanation of Responses:**

- 1. 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.
- 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.

## Remarks:

/s/ Tony VunCannon, Attorneyin-Fact for Sidney A. Biesecker

\*\* 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.