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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| OWB APPRO | | | | | | | | | | |
|------------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average burg | len | | | | | | | | | |
| hours per response. | 05 | | | | | | | | | |

| 1. Name and Address of Reporting Person [*] Sellinger Howard L. | | | 2. Issuer Name and Ticker or Trading Symbol <u>HomeTrust Bancshares, Inc.</u> [HTBI] | (Check | ationship of Reporting Pe k all applicable) Director Officer (give title | erson(s) to Issuer 10% Owner Other (specify |
|---|---------|-------|--|-------------------|---|---|
| (Last) (First) (Middle) HOMETRUST BANCSHARES, INC. 10 WOODFIN STREET | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/11/2015 | | below) SVP, Chief Inform | below) |
| | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | vidual or Joint/Group Fili | ng (Check Applicable |
| (Street) ASHEVILLE | NC | 28801 | | X | Form filed by One Re Form filed by More th Person | |
| (City) | (State) | (Zip) | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| Table 1- Non-Derivative Securities Acquirea, Disposed of, or Derivitiany Owned | | | | | | | | | | | |
|--|--|---|------|---|---|---------------|---------|---|---|---|--|
| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150.4) | |
| Common Stock | 02/11/2015 | | F | | 1,766 | D | \$15.61 | 29,466 | D | | |
| Common Stock | | | | | | | | 14,654 | I | By 401(k) Plan | |
| Common Stock | | | | | | | | 1,749 | Ι | By ESOP | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| | | | (0.9., | P , | ••••• | , | | e, ep | , | | | | | | | |
|---|---|--|---|------------------------------|-------|---|---------------------------|---------------------|--|-----------------|--|--|---|--|--|--|
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of Deriv Secu Acqu (A) o Disp of (D | r osed) r. 3, 4 | Expiration D | . Date Exercisable and 7 expiration Date 0 Month/Day/Year) D | | 5. Date Exercisable and Expiration Date (Month/Day/Year) (Instr. 3 and 4) | | 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) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Stock Option | \$14.37 | | | | | | | (1) | 02/11/2023 | Common Stock | 90,000 | | 90,000 | 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.

/s/ Teresa White, Attorney-in-

Fact for Howard L. Sellinger

** Signature of Reporting Person Date

02/13/2015

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.