Edgar Filing: Nelson Adam D - Form 4

Nelson Adar Form 4 April 03, 20											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISS								OMB APPROVAL			
Wasl				RITIES AND EXCHANGE COMMISSION shington, D.C. 20549			COMMISSION	OMB Number:	3235-0287		
Check th if no long						Expires:	January 31,				
subject to		GES IN BENEFICIAL OWNERSHIP			NERSHIP OF	Estimated a	2005 verage				
Section 1		SECURITIES						burden hours per			
Form 4 c Form 5		to Section 16	(a) of the	Socurit	ioc F	vohona	a A at of 1034	response	0.5		
obligatio						-		h			
may con	unue.	(h) of the Inv	•	•	· ·			1			
See Instr 1(b).	uction			e e inpun	<i>J</i>						
(Print or Type]	Responses)										
		*							<i>(</i>)		
I. Name and A Nelson Ada	Address of Reporting Person		uer Name and Ticker or Trading			5. Relationship of Issuer	Reporting Pers	on(s) to			
Nelson Aua		Symbol Triumph	bol Imph Bancorp, Inc. [TBK]			100401					
*						(Check all applicable)					
			te of Earliest Transaction			Director	100/	Oruman			
			onth/Day/Year) /01/2019			Officer (give title Other (specify					
DRIVE, SU	0 1/01/20	below)			· · · · · · · · · · · · · · · · · · ·	below) and General Counsel					
		4 10 4	1								
			endment, Date Original			6. Individual or Joint/Group Filing(Check Applicable Line)					
	ionth/Day/Year)			_X_ Form filed by One Reporting Person							
DALLAS, 7	ГХ 75251						Form filed by M Person	lore than One Reg	porting		
	(\mathbf{C}_{t-t-1}) (\mathbf{Z}_{t-1})										
(City)	(State) (Zip)	Table	I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficiall	y Owned		
1.Title of	2. Transaction Date 2A.		3.	4. Securit			5. Amount of	6. Ownership			
Security (Instr. 3)	(Month/Day/Year) Exec any		n Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)				Securities Beneficially	Form: Direct (D) or	Indirect Beneficial		
(Instr. 5) any (Month/Day/Year)						5)	Owned	Indirect (I)	Ownership		
							Following Reported	(Instr. 4)	(Instr. 4)		
					(A)		Transaction(s)				
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common	04/01/2010					\$	17 700 (2)	D			
Stock	04/01/2019		F	338 <u>(1)</u>	D	29.98	17,738 <u>(2)</u>	D			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

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

Edgar Filing: Nelson Adam D - Form 4

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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Amou Unde Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Ad	dress	Relationships							
	Directo	r 10% Owner	Officer	Other					
Nelson Adam D 12700 PARK CENTRAL D SUITE 1700 DALLAS, TX 75251	RIVE		EVP and General Counsel						
Signatures									
/s/ Adam D. Nelson	04/03/2019								

<u>**</u>Signature of Reporting Person Date

Explanation of Responses:

- * 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).
- (1) Represents 338 shares surrendered to satisfy applicable federal income tax withholding associated with the 4/1/19 vesting of 1,396 shares of restricted stock issued to reporting person.
- (2) Consists of (i) 14,722 shares beneficially owned by Reporting Person, and (ii) 3,016 shares of restricted stock of the reporting person subject to future vesting requirements.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.