Graft Aaron P Form 4 April 03, 2019

FORM 4

OMB APPROVAL

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number: 3235-0287

Check this box if no longer subject to Section 16. Form 4 or GES IN BENEFICIAL OWNERSHIP OF

January 31,
2005

Estimated average burden hours per response... 0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Form 5 obligations may continue. See Instruction Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

Stock

(Print or Type Responses)

1. Name and Address of Reporting Person * Graft Aaron P			2. Issuer Name and Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer			
			Triumph Bancorp, Inc. [TBK]						(Check all applicable)			
(Last)	(First)	Middle)	3. Date of Earliest Transaction					(Chee	к ин иррпсион	,		
12700 PARK CENTRAL DRIVE, SUITE 1700			(Month/Day/Year) 04/01/2019						X Director 10% Owner X Officer (give title Other (specify below) President & CEO			
(Street)			4. If Amendment, Date Original						6. Individual or Joint/Group Filing(Check			
DALLAS, T	X 75251		Filed(Mon	th/Day/Yo	ear)				Applicable Line) _X_ Form filed by O Form filed by M Person	One Reporting Pe Iore than One Re		
(City)	(State)	(Zip)	Table	e I - Non	-De	erivative s	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any		Code (Instr. 8	3)	4. Securit n(A) or Di (Instr. 3,	spose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	04/01/2019			F		612 (1)	D	\$ 29.98	332,241 (2)	D		
Common									3,315	I	By Spouse	

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

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SEC 1474

(9-02)

(3)

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	orNumber	Expiration D	ate	Amount	t of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ing	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securitie	es	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3	and 4)		Own
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
								^	mount		
									mount		
						Date	Expiration	Title N			
						Exercisable	Date		Title Number of		
				C + V	(A) (D)						
				Code V	(A) (D)			S	hares		

Reporting Owners

Reporting Owner Name / Address	Keiationsnips						
	Director	10% Owner	Officer	Other			
Graft Aaron P							
AROO DI DIE CELIED II DRIVE							

X

G 12700 PARK CENTRAL DRIVE **SUITE 1700** DALLAS, TX 75251

President & CEO

Signatures

/s/ Adam D. Nelson, 04/03/2019 Attorney-in-fact

**Signature of Reporting Person

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).
- Represents 612 shares surrendered to satisfy applicable federal income tax withholding associated with the 4/1/19 vesting of 2,518 shares **(1)** of restricted stock issued to the reporting person.
- Consists of (i) 325,396 shares beneficially owned by reporting person, and (ii) 6,845 shares of restricted stock of the reporting person subject to future vesting requirements.
- (3) 3,315 shares indirectly owned through reporting person's spouse, by Goldman Sachs custodian FBO Kimberly Graft Roth IRA.

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.

Reporting Owners 2