SEC Form 4	
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# 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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 OMB APPROVAL
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1. Name and Address of Reporting Person <sup>*</sup> Lehmann Gail			2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Triumph Bancorp, Inc.</u> [ TBK ]	(Check a	onship of Reporting Pe all applicable) Director	10% Owner	
(Last) (First) (Middle) 12700 PARK CENTRAL DRIVE SUITE 1700		( )	3. Date of Earliest Transaction (Month/Day/Year) 04/01/2016		Officer (give title below) VP Operations an	Other (specify below) d Secretary	
(Street) DALLAS (City)	TX (State)	75251 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individ Line) X	dual or Joint/Group Filir Form filed by One Rep Form filed by More the Person	porting Person	

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.					Securities Beneficially	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)		(
Common Stock	04/01/2016		A		2,647(1)	Α	<b>\$0.00</b> <sup>(1)</sup>	27,421 <sup>(2)</sup>	D	

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

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		6. Date Exerc Expiration Da (Month/Day/Y	ate	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)	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				
Employee Stock Options <sup>(3)</sup>	\$15.87	04/01/2016		A		7,176		(4)	04/01/2026	Common Stock	7,176	\$0.00	7,176	D	

#### Explanation of Responses:

1. Represents shares of restricted common stock of Issuer granted to the reporting person under Issuer's 2014 Omnibus Incentive Plan. One fourth (rounded down to the nearest whole share, as applicable) of such shares shall vest on each of the first four anniversaries of the date of grant.

2. Consists of (i) 16,885 shares beneficially owned by reporting person and (ii) 10,536 shares of restricted stock of reporting person subject to future time vesting requirements.

3. Represents non-qualified stock options of Issuer granted to reporting person under Issuer's 2014 Omnibus Incentive Plan.

4. Exercise of the employee stock option is subject to vesting over four years from the date of grant, with one fourth of such options becoming exercisable on each of the first four anniversaries of the date of grant.

#### **Remarks:**

/s/ Adam D. Nelson, Attorney-04/05/2016

in-fact

\*\* 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.