### 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*     Sperring Raymond W III					_ <u>Tr</u>	2. Issuer Name and Ticker or Trading Symbol Triumph Bancorp, Inc. [ TBK ]									ationship of Reporting k all applicable) Director Officer (give title below)		g Pers	erson(s) to Issuer  10% Owner  Other (specify below)	
(Last) (First) (Middle) 12700 PARK CENTRAL DRIVE SUITE 1700					3. Date of Earliest Transaction (Month/Day/Year) 04/01/2016									Executive Vice President					
(Street)  DALLA: (City)			75251 (Zip)		_   4. li	f Ame	ndment,	Date o	of Original	Filed	(Month/D	ay/Year)	6. Lin	e) <mark>X</mark> I	Form f	iled by One	e Repo	g (Check Ap orting Perso n One Repo	n
		Tab	le I - No	n-Deriv	vative	Se	curitie	s Ac	quired,	Dis	posed o	of, or Be	neficia	lly O	wned	l			
1. Title of Security (Instr. 3)  2. Transa Date (Month/Date)					Execution Date,			Transaction Dispo			ties Acquir d Of (D) (Ins		nd Securiti		ies Fe ially (D Following (I)		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) o (D)	Price	Transac (Instr. 3		tion(s)			(11341. 4)
Common Stock 04/01/				1/2016	2016			A		788(1	788 <sup>(1)</sup> A \$(		)(1)	13,445(2)			D		
		Т	able II -						uired, D , option					/ Owi	ned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transa Code ( 8)		of E		Expiration	i. Date Exercisable and Expiration Date Month/Day/Year)			d f s g Security nd 4)	Deriv Secu	. Price of Perivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Co	Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares	er					
Employee Stock Options <sup>(3)</sup>	\$15.87	04/01/2016			A		2,136		(4)	0.	4/01/2026	Common Stock	2,136	\$0.	.00	2,136		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) 9,335 shares beneficially owned by reporting person, (ii) 1,000 shares beneficially owned through Fidelity as Custodian FBO of reporting person's Roth IRA (iv) 3110 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

# Remarks:

/s/ Adam D. Nelson Attorney-

04/05/2016

\*\* 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.