FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	S IN BENEFIC	CIAL OWNER	SHIP

OMB APPROVAL										
OMB Number:	3235-0287									
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

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Name and Address of Reporting Person* Lehmann Gail					2. Issuer Name and Ticker or Trading Symbol Triumph Bancorp, Inc. [TBK]								(Che	eck all appli Directo	ationship of Reporti k all applicable) Director Officer (give title		ng Person(s) to Issuer		
(Last) 12700 PA SUITE 1	ARK CENT	First) (Middle) ΓRAL DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 05/01/2020							2	below)	.0	vP and Secretary		Бреспу	
(Street) DALLA (City)			75251 (Zip)		4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
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Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transa Date (Month/D				action	ction 2A. Deemed Execution Date,		a. 3. 4. So Disp Code (Instr. 5)		4. Securi	urities Acquired (A) sed Of (D) (Instr. 3, 4			5. Amou Securitie Benefici	nt of es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) (D)	or F	Price	Transac	Transaction(s) (Instr. 3 and 4)			(111501.4)
Common Stock 05/0					/2020		A		1,774	(1)	1	\$0.00	30,	,563 ⁽²⁾		D			
		Т	able II -						uired, D						Owned			,	
1. Title of Derivative Security (Instr. 3)	of 2. 3. Transaction 3A. Deemed 4. 5. Number of Execution Date (Month/Day/Year) if any Code (Instr. Derivative)			tive ties red sed	6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year)					8. Price of Derivative 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)					
					Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	or Nu of	ount mber ares					
Employee Stock Options ⁽³⁾	\$26.25	05/01/2020			A		5,259		(4)	0	5/01/2030	Commo Stock	5,	259	\$0.00	5,259		D	
Employee Stock Options ⁽³⁾	\$31								(4)	0	5/01/2029	Commo Stock	2,	966		2,966		D	
Employee Stock Options ⁽³⁾	\$38.75								(4)	0	5/01/2028	Commo Stock	3,	640		3,640		D	
Employee Stock	\$25.8								(4)	04	4/01/2027	Commo	5,	123		5,123		D	

Explanation of Responses:

\$15.87

1. Represents shares of restricted common stock of Issuer granted to the reporting person under Issuer's 2014 Omnibus Incentive Plan. One fourth of such shares shall vest on each of the first four anniversaries of the date of grant

(4)

04/01/2026

- 2. Consists of (i) 27,015 shares beneficially owned by reporting person, and (ii) 3,548 shares of restricted stock of the reporting person subject to future 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:

Options⁽³⁾ Employee

Options⁽³⁾

Stock

Adam D. Nelson, Attorney-in-

7,176

Stock

05/05/2020

7.176

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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.