FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 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* Sparks C Todd | | | | | 2. Issuer Name and Ticker or Trading Symbol Triumph Bancorp, Inc. [TBK] | | | | | | | | | k all app Direc | licable) | | Issuer Owner (specify | | |
|--|---|--|--|--------------------------------|---|--|---|--|---|------------|---|---|--|---|--|--|---|--|--|
| (Last) (First) (Middle) 12700 PARK CENTRAL DRIVE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/09/2020 | | | | | | | | | below | | below | | | |
| SUITE 1700 | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) DALLA | | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (Sta | ate) (Z | Zip) | | | | | | | | | | | | | | | | |
| | | Table | I - Noi | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of, | or E | Bene | ficially | / Own | ed | | | |
| Di | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | 4 and Securities Beneficially Owned Fol | | ies cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | Code | v | Amount | (A) or (D) | | ice | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | | | |
| Common Stock | | | 12/09/2020 | | | | G ⁽¹⁾ | V | 1,000 | D | | 60.00 | 5(|),101 | D | | | | |
| Common Stock 02 | | | 02/01/2021 | | | | A | | 529(2) | A | \$ | 0.00(2) | 5(|),630 | D | | | | |
| Common | Stock | | | | | | | | | | | | | | 22 | 2,119 | I | By SBS Equity LLC ⁽³⁾ | |
| Common Stock | | | | | | | | | | | | | | 13 | 3,300 | I | By Sparco Market Fund ⁽³⁾ | | |
| Common Stock | | | | | | | | | | | | | | 1 | ,730 | I | By Spouse ⁽³⁾ | | |
| 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) | if any | omed on Date, (Day/Year) | ection Instr. | of | ired r osed) : 3, 4 | 6. Date Exerc Expiration Da (Month/Day/Y | | ite | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | De Se (In | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership t (Instr. 4) | | |

Explanation of Responses:

- 1. Represents a gift by the reporting person to a 501(c)(3) charitable organization.
- 2. Represents shares of common stock of Issuer granted to the reporting person under Issuer's 2014 Omnibus Incentive Plan. All of such shares were fully vested as of the date of grant.
- 3. Reporting person exercises voting and dispositive control over these shares and disclaims beneficial ownership of such shares, except to the extent of his pecuniary interest.

Remarks:

/s/ Adam D. Nelson, Attorney-02/03/2021 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.