FORM 4

obligations may continue. See

Instruction 1(b)

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

1. Name and Address of Reporting Person* Nelson Adam D						2. Issuer Name and Ticker or Trading Symbol Triumph Bancorp, Inc. [TBK]									eck all appli Direct	cable)	g Person(s) to Issu 10% Own Other (sp		vner	
(Last) (First) (Middle) 12700 PARK CENTRAL DRIVE SUITE 1700					05/	3. Date of Earliest Transaction (Month/Day/Year) 05/01/2018									X Officer (give title Offier (specify below) EVP and General Counsel					
(Street) DALLA: (City)			75251 (Zip)		_ 4. If	f Ame	endment,	dment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(Oity)	(0)			n-Deriv	vative	- Se	curitie	ς Δι	rauired	Die	nosed (of or	Rene	eficial	ly Owner	1				
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transa Date (Month/D			saction	2A. Deemed Execution Date,			3. Transa Code (3. 4. Securit Transaction Disposed Code (Instr. 5)			uired	(A) or	5. Amou Securiti Benefic Owned	unt of 6. ies Feially (E		n: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D) Pr		Price	Reporte Transac (Instr. 3	ion(s)		[(Instr. 4)		
Common Stock 05/01/					1/2018	/2018		A		1,197	1,197 ⁽¹⁾ A \$		\$0.00	24,	24,076(2)		D			
		7	able II -	Deriva (e.g., p	tive S	Seci call:	urities s, warr	Acc	quired, D s, optior	ispo is, c	osed of onverti	, or B	enef curi	icially ties)	Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed	ed Date, ny/Year)	4. Transactior Code (Instr. 8)		5. Number		6. Date Exercisal Expiration Date (Month/Day/Year					ecurity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	OI N	umber	ı					
Employee Stock Options ⁽³⁾	\$38.75	05/01/2018			A		3,508		(4)	05	5/01/2028	Comm Stock		3,508	\$0.00	3,508	3	D		
Employee Stock Options ⁽³⁾	\$25.8								(4)	04	4/01/2027	Comm Stock		5,023		5,023	}	D		
Employee Stock Options ⁽³⁾	\$15.87								(4)	04	4/01/2026	Comm Stock		0,539		10,539	9	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) 19,664 shares beneficially owned by reporting person, and (ii) 4,412 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:

/s/ Adam D Nelson

05/03/2018

** 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.