FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
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0.5

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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

1. Name and Address of Reporting Person* <u>Lehmann Gail</u>							2. Issuer Name <b>and</b> Ticker or Trading Symbol Triumph Bancorp, Inc. [ TBK ]									of Reporting Pe icable) or r (give title		10% Ow Other (s	ner
(Last) (First) (Middle) 12700 PARK CENTRAL DRIVE SUITE 1700					3. Date of Earliest Transaction (Month/Day/Year) 05/01/2018									X Officer (give title Offier (specify below)  EVP and Secretary					
(Street) DALLAS TX 75251				. 4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
(City)	(S		(Zip)	2 Doriv	rative	. 500	ritio	c A c	auirad	Dici	ancod o	of or	Pon	oficial	Ily Owner	<u> </u>			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da						ction 2A. Deemed Execution Date,			3. Transa Code (I	ction	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4				5. Amou Securitie Benefici Owned F	nt of es ally Following	Form: Direct		7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	nt (A) or (D)		Price	Reported Transact (Instr. 3	tion(s)			(Instr. 4)
Common Stock 05/01/						/2018		A		1,242 <sup>(1)</sup> A S		\$0.0	0 27,8	27,830(2)		D			
		7							uired, D s, optior						/ Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transaction Code (Instr. 8)				6. Date Exercisa Expiration Date (Month/Day/Year			Amou Secur Under Deriva	7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	i C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	0 N 0	umber					
Employee Stock Options <sup>(3)</sup>	\$38.75	05/01/2018			A		3,640		(4)	0	5/01/2028	Comn		3,640	\$0.00	3,640		D	
Employee Stock Options <sup>(3)</sup>	\$25.8								(4)	04	4/01/2027	Comn		5,123		5,123		D	
Employee Stock	\$15.87			T					(4)	04	4/01/2026	Comm		7,176		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) 23,967 shares beneficially owned by reporting person, and (ii) 3,863 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:

 $Options ^{\tiny{\scriptsize{(3)}}}$ 

/s/ Adam D. Nelson, Attorneyin-fact

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.