Triumph Bancorp, Inc. Form 4 November 12, 2014

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

**OMB** 3235-0287 Number:

**OMB APPROVAL** 

January 31, Expires: 2005

Estimated average burden hours per response... 0.5

5 Relationship of Reporting Person(s) to

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1 Name and Address of Reporting Person \*

Graft Aaron P			Symbol Triumph Bancorp, Inc. [TBK]						Issuer (Check all applicable)			
(Last) 12700 PAR DRIVE, SU	K CENTRAL	Middle)	3. Date of (Month/D 11/07/20	ay/Year)	'ransac	ction			_X_ Director _X_ Officer (give below)	10%	Owner or (specify	
DALLAS, T	(Street) ΓΧ 75251		4. If Amer			riginal			6. Individual or Jo Applicable Line) _X_ Form filed by O Form filed by M Person	•	rson	
(City)	(State)	(Zip)	Table	e I - Non-	Deriva	ative S	Secur	ities Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)		Date, if	3. Transact Code (Instr. 8)	ion(A) (Ins		spose		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	11/07/2014			P	5,0 (1)	000	A	\$ 12.18	58,814 (2)	D (1)		
Common Stock									3,315	I	By spouse	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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#### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	f 2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Titl	le and	8. Price of	9. Nu
Derivativ	e Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ate	Amou	ınt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	/Year)	Under	rlying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities	S		(Instr.	. 3 and 4)		Own
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A		
									Amount		
						Date	Expiration	T:41-	or Namel		
						Exercisable Dat	Date	Title			
				C-1- V	(A) (D)				of		
				Code v	(A) (D)				Shares		

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# **Reporting Owners**

Reporting Owner Name / Address	Keiationsinps						
	Director	10% Owner	Officer	Other			
Graft Aaron P							
12700 PARK CENTRAL DRIVE SUITE 1700	X		President & CEO				

## **Signatures**

DALLAS, TX 75251

/s/Adam D. Nelson 11/12/2014 Attorney-in-fact

\*\*Signature of Reporting Person

### **Explanation of Responses:**

- 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).
- (1) Through TD Ameritrade custodian for the 401(k) account of reporting person.
  - Includes (i) 3,220 shares beneficially owned through Goldman Sachs custodian FBO Aaron Graft Roth IRA account, (ii) 5,800 shares
- beneficially owned through Goldman Sachs custodian FBO Aaron Graft SEP IRA, and (iii) 5,000 shares beneficially owned through TD Ameritrade custodian FBO Aaron Graft 401(k) account.
- (3) 3,315 shares indirectly owned through reporting person's spouse, by Goldman Sachs custodian FBO Kimberly Graft Roth IRA.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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