HOME BANCORP, INC.

Form 4

March 06, 2017

FORM 4

Check this box

if no longer

subject to

Section 16.

Form 4 or

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

2. Issuer Name and Ticker or Trading

HOME BANCORP, INC. [HBCP]

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

Symbol

1(b).

(Print or Type Responses)

JUDICE MARC W

1. Name and Address of Reporting Person *

	(First)	(Middle)	5. Date of	Earliest Tra	ansaction						
C/O HOME BANCORP, INC., 503 KALISTE SALOOM ROAD		(Month/Day/Year) 03/02/2017					_X_ Director Officer (given below)		6 Owner er (specify		
	(Street)		4. If Amer	ndment, Dat	e Original			6. Individual or J	oint/Group Fili	ng(Check	
LAFAYETT	Filed(Mon AFAYETTE, LA 70598			onth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(C:t-)	(54-4-)	(7:)									
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative !	Securi	ties Acq	quired, Disposed o	of, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction De (Month/Day/Yea	r) Execution	ecution Date, if Transaction(A) or Disposed of		d of	Securities Form: Direct Indi Beneficially (D) or Ben Owned Indirect (I) Own					
				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Common Stock	03/02/2017			S	1	D	\$ 36.5	6,499	I	By Spouse As Trustee (1)	
Common Stock								102,691	D (2) (3)		
Common Stock								25,986	I	By IRA	
Common Stock								25,000	I	By Spouse	
Common Stock								5,000	I	By Spouse's	

OMB APPROVAL

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

5. Relationship of Reporting Person(s) to

(Check all applicable)

Issuer

Estimated average

burden hours per

IRA

(9-02)

9. Nu Deriv Secu Bene Own Follo Repo Trans (Insti

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 required to respond unless the form displays a currently valid OMB control number.

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)	4. Transacti Code (Instr. 8)	5. orNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	5	ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

Reporting Owners

Relationships

Reporting Owner Name / Address

10% Officer Director Other Owner

JUDICE MARC W C/O HOME BANCORP, INC. X 503 KALISTE SALOOM ROAD LAFAYETTE, LA 70598

Signatures

/s/ Marc W. 03/06/2017 Judice

**Signature of Date 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).
- Shares are owned by a trust of which the reporting person's spouse became the trustee for on April 10, 2013. The reporting person has no pecuniary interest in the shares held by the trust and disclaims beneficial ownership of the shares.

(2)

Reporting Owners 2

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Includes 900 restricted stock units that vest in five equal installments at the rate of 20% per year commencing on May 12, 2016 and that may be settled only in shares of the Issuer's common stock.

(3) Includes the grant of 800 restricted stock units pursuant to the Issuer's 2014 Incentive Plan that vest in equal installments at the rate of 20% per year commencing on May 23, 2017 and that may be settled only in shares of the Issuer's common stock.

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.