Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	DС	20549	
vasiliigton,	D.C.	20049	

OTATEMENT		011411050		DENIEFIOIAL	014/115501115
STATEMENT	OF	CHANGES	IN	BENEFICIAL	OWNERSHIP

OMB APPROVAL										
OMB Number:	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

					2. Issuer Name and Ticker or Trading Symbol HBT Financial, Inc. [HBT]								5. Relationship of Repo (Check all applicable) X Director			orting Person(s) to Is				
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 02/26/2024									Office	er (give tit /)	tle	Oth belo	er (specify w)		
C/O HBT FINANCIAL, INC. 401 N. HERSHEY ROAD			4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street)				X Form filed by One Reporting Person Form filed by More than One Reporting Person																
BLOOM	INGTON I	L (51704		Rule 10b5-1(c) Transaction Indication													٦		
(City)	(Sta	ate) (Z	Zip)			Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See In								o a contract, instruction or written plan that is intended to struction 10.						
		Table	I - No	on-Deriva	tive	Secui	rities	Ac	quire	d, Di	sposed of	f, or E	Benefic	ially	/ Own	ed				
1. Title of Security (Instr. 3)		2. Transactio Date (Month/Day/\	Year)	Execution		е,	3. Transaction Code (Instr. 8)		4. Securities Acqu Disposed Of (D) (II 5)		cquired (A) or)) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code V		Amount	ınt (A) or Pri		т	ransaction Instr. 3 a				(111501.4)	
Common	Common Stock, \$0.01 par value 02/26/20		24				P		200	A	\$18.80	[1)	560,	004	I)				
Common Stock, \$0.01 par value														423,	666]	I	By Mary Angela Baker 2021 Irrevocabl Trust	e	
Common Stock, \$0.01 par value													36	3]	I	By Roger A. Baker 2021 Irrevocabl Trust	e		
		Tal	ole II							, ,	posed of, convertib			•	Owne	d				
Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any				Transaction of Code (Instr. Derivative		ative rities ired osed	Expiration D (Month/Day/		Date	7. Titl Amou Secur Unde Deriv Secur 3 and	int of rities rlying ative rity (Instr.	8. Price Derivat Securit (Instr. 5		vative derivati urity Securiti		10. Owners Form: Direct (I or Indire (I) (Instr	Benefic Owners ect (Instr. 4	ect ial ship		
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares							

Explanation of Responses:

1. The price reported in column 4 is a weighted average price. These shares were acquired in multiple transactions at prices ranging from \$18.77 to \$18.83, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares acquired at each separate price within the ranges set forth in footnote (1) to this Form 4.

Remarks:

/s/ Renee K. Fehr, Attorneyin-Fact

02/27/2024

** 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.