FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

5

OMB APPROVAL

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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 7										
Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol HBT Financial, Inc. [HBT]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>LANIER DIANE H</u>						in i										Direc	tor	10)% Ow	vner	
					-											Officer (give title below)			Other (specify below)		
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)										EV	EVP & Chief Retail Officer				
C/O HBT FINANCIAL, INC.					01/	01/28/2020										LV	1 & Clifc	i ittiiii Oi	licci		
401 N. HERSHEY ROAD																					
401 N. HERSHET ROAD					/ If	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable					
					- "	4. II Amendment, Date of Original Filed (Month/Day/Year)									Line)						
(Street)		_														X Form filed by One Reporting Person					
BLOOM	INGTON I	L	61704												Form filed by More than One Reporting						
					-											Person					
(City)	(St	ate) (Zip)																		
	-																				
		Tabl	e I - Nor	n-Deriv	ative/	Se	curitie	s Acc	quired,	Dis	posed o	f, or	Bene	eficia	ally O	wne	ed				
1. Title of Security (Instr. 3) 2. Transa					saction	ction 2A. Deemed			3.	3. 4. Securities Acquired (A							unt of	6. Ownersh	ip 7	7. Nature	
	, ,	,		Date	DaviVa	Execution D				Transaction Disposed Code (Instr. 5)		d Of (D) (Instr	3, 4 a	4 and Securit			Form: Direction (D) or Indirection		of Indirect Beneficial	
				(Month/Day/Year)			if any (Month/Day/Year)								Owne		Following	(i) (instr. 4)		Ownership	
									·			(A) or Dr			Reported Transaction(s) (Instr. 3 and 4)				((Instr. 4)	
									Code	۱v	Amount		(D) Price								
Common Stock, \$0.01 par value ⁽¹⁾ 01/28/						2020			A		2,700) A \$		50 22,940		2.940	D			
Common Stock, wo.or put value						72020					2,700 11					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
		Та	ıble II - D												y Ow	ned					
			(e.g., p	uts, c	alls	, warr	ants,	option	s, co	onvertib	le se	ecurit	ies)							
1. Title of	2.	3. Transaction	3A. Deeme		4.	4. Transaction Code (Instr.		n of E		6. Date Exercisable an			tle and		8. Price of		9. Number o			11. Nature	
Derivative Security	Conversion or Exercise Price of	Date (Month/Day/Year)	Execution if any	Date,						n Date		Amount of Securities			Derivative Security (Instr. 5)		derivative Securities	Owners Form:		of Indirect Beneficial Ownership	
(Instr. 3)			(Month/Da	ıy/Year)	8)	,	Securities		(MOTITIE)	(Month/Day/Year)			erlying				Beneficially	Direct (D) (
Derivative					1			Acquired		Derivative Security (Instr. and 4)				2	,		Owned Following	or Indire (I) (Instr		(Instr. 4)	
Security						(A) or Disposed								su. 3			Reported	(i) (iiisti	. 4,		
						of (D)										Transaction	(s)				
						(Instr. 3, 4 and 5)										(Instr. 4)					
				ŀ						Т			Am		_						
													or								
									Date	.	Expiration		Nun	nber							
					Code	v	(A)	(D)	Exercisal		Date	Title		res							

Explanation of Responses:

1. The reporting person received 2,700 restricted stock units ("RSUs") under the HBT Financial, Inc. Omnibus Incentive Plan. The RSUs vest in four equal annual installments beginning on February 1, 2021.

/s/ Andrea E. Zurkamer, attorney-in-fact

01/30/2020

** 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.