FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Machinatan | D C | 20540 | |
|-------------|------|-------|--|
| Nashington, | D.C. | 20049 | |

| STATEMENT OF (| CHANGES IN | BENEFICIAL | OWNERSHIP |
|----------------|------------|------------|-----------|

| OMB APPROVAL | | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average burden | | | | | | | | | | |
| hours per response | : 0.5 | | | | | | | | | |

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* BOWMAN C. ALVIN | | | | | 2. Issuer Name and Ticker or Trading Symbol HBT Financial, Inc. [HBT] | | | | | | | ck all app | licable) | | erson(s) to Issuer 10% Owner | | | | |
|--|--|--|-----------------|------------------------------|---|---|--|---|-----------------------|---|--------------------|--|---|------------------------------|--|-----------------------------------|--------|---|--|
| (Last) | (Fir | , | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/29/2024 | | | | | | | Office below | r (give title | | Other (s below) | pecify | | |
| C/O HBT FINANCIAL, INC. 401 N. HERSHEY ROAD | | | | | 4. If A | | | | | | | Line) | 6. Individual or Joint/Group Filing (Check Applicable Line) $\frac{X}{} \text{Form filed by One Reporting Person}$ | | | | | | |
| (Street) BLOOMINGTON IL 61704 | | | | | Form filed by More than One Reporting Person | | | | | | | | | | | orting | | | |
| (City) (State) (Zip) Check this box to indicate that a transaction was made pursuant to a satisfy the affirmative defense conditions of Rule 10b5-1(c). See Institution | | | | | | | | | to a con Instructi | tract, instru on 10. | uction or writt | en plan | that is inter | ided to | | | | | |
| | | Table | I - Nor | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Bene | ficiall | y Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | Execution Date, | | Date, | Transaction Disposed O Code (Instr. 5) | | ies Acquired (A) o Of (D) (Instr. 3, 4 a | | (A) or 3, 4 and | Benefic Owned | ies ially Following | Form: | Direct Indirect tr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | Code | v | Amount (A) or (D) | | or | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | | | |
| Common | Stock, \$0.0 | 1 par value ⁽¹⁾ | | 02/29/ | 2024 | | | | A | | 600 | A | A | \$0 | 3 | ,800 |] | D | |
| | 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) | if any | med on Date, Day/Year) | 4. Transaction Code (Instr. 8) 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) 7. Title at Amount Securitie Underlyit Derivativ Security 3 and 4) | | | int of rities rlying ative rity (In | De Se (II | Price of erivative ecurity nstr. 5) | vative derivative urity Securities | | 0. Iwnership orm: Irect (D) r Indirect) (Instr. 4) | Beneficial Ownership t (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amo or Num of Shar | ber | | | | | |

Explanation of Responses:

1. The reporting person received 600 restricted stock units ("RSUs") under the HBT Financial, Inc. Omnibus Incentive Plan. The RSUs fully vest on February 28, 2025.

Remarks:

/s/ Andrea E. Zurkamer, 03/04/2024 Attorney-in-Fact

** 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.