FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

| l | OMB APPRO | VAL |
|---|------------------------|-----------|
| | OMB Number: | 3235-0287 |
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| l | 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* <u>Kowalski Michael A</u> | | | 2. Issuer Name and Ticker or Trading Symbol Veritex Holdings, Inc. [VBTX] | | | | | | | | (Che | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | | |
|--|--|--|--|--|-----------|---|---|------|--|--|---|---|---|---|--|---------------|--|-----------------------|---|
| | RITEX HO | LDINGS, INC. | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/22/2018 | | | | | | | | | | r (give title | | Other (specify below) | |
| 8214 WESTCHESTER DRIVE, SUITE 400 (Street) DALLAS TX 75225 | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Inc Line) | fividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (S | tate) (| (Zip) | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | Execution Date, | | Code | Transaction Disposed Of (D) (Instr. 3, 2) Code (Instr. 5) | |) or 4 and | 5. Amou Securiti Benefic Owned Reporte | es Form ally (D) of Following (I) (II | | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | | | | |
| | | | | | | | | Code | v | Amoun | t (A) | (A) or (D) Price | | Transac | nsaction(s) tr. 3 and 4) | | | (Instr. 4) | |
| Common Stock 05/22/ | | | | /2018 | | М | | 333 | 33 A | | (1) | 20 | 20,556 | | 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) | 3A. Deemed Execution I if any (Month/Day | Date, | Code (Ins | | on of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | [9 (| 3. Price of Derivative Security Instr. 5) | | Ownersh Form: y Direct (D or Indirec (I) (Instr. | Ownership | Beneficial Ownership t (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | xpiration ate | Title | Amo or Num of Shar | ber | | | | | |
| Restricted Stock Units | (1) | 05/22/2018 | | | М | | | 333 | (2) | | (2) | Common Stock | 33 | 3 | \$0 | 1,167 | | D | |

Explanation of Responses:

- 1. Each restricted stock unit represents a right to receive at settlement one share of common stock of the Company.
- 2. On March 22, 2018 the reporting person was granted 2,000 restricted stock units which vest in four equal installments on the last calendar day for each quarter during 2018. On May 15, 2018, the reporting person retired as a director of the Company and was subsequently approved to be awarded partially vested shares through the retirement date.

Remarks:

/s/ C. Malcolm Holland, III, by 05/22/2018 power of attorney

** 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.