FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	D.C. 20549
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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 S	Secti	on 30(l	n) of the	Investm	ent C	Comp	pany Act	ot 1940									
1. Name and Address of Reporting Person* Sughrue John				2. Issuer Name and Ticker or Trading Symbol Veritex Holdings, Inc. [VBTX]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)										
Sugnite John								_		_		_			:	X Directo	or		10% O	wner		
(Last)	,	,	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 12/08/2020							Officer below)	(give title		Other (below)	specify						
C/O VERITEX HOLDINGS, INC.																						
8214 WESTCHESTER DRIVE, SUITE 800					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Ir	6. Individual or Joint/Group Filing (Check Applicable						
(Ctroot)					1										Line	,		_	5			
(Street) DALLA	S T	X	75225										X 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																					
Date			2. Transa Date (Month/D	/Day/Year)		2A. Deemed Execution Date if any (Month/Day/Yea		Code (Ins				ities Acqu d Of (D) (I			Securition Benefici	5. Amount of Securities Beneficially Owned Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Cod	e V	,	Amount	t (A) or (D)		Price	Transac	Transaction(s) (Instr. 3 and 4)			(11150. 4)		
Common	Stock			12/08	/2020		М			2,50	2,500 A		\$10	56	6,973		D					
		T	able II - D (e										, or Bei ble sec			Owned						
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date ecurity or Exercise (Month/Day/Year) if any				i. Transac Code (I				6. Date Exercisable an Expiration Date (Month/Day/Year)				nd 7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4)	e C s F illy C o	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				c	Code	v	(A)	(D)	Date Exercisa	able	Ex Da	piration te	Title	or Nui of	nount mber ares							
Employee Stock Option (right to buy)	\$10	12/08/2020			M			2,500	(1)		01/	/01/2021	Commor Stock	2,	500	\$10	0		D			

Explanation of Responses:

1. Performance-based option vests and becomes exercisable as to (i) 35% upon the occurrence of a change of control; (ii) 35% upon the occurrence of a change of control and the reciept of persons acquiring shares in March 2010 having received either a 20% internal rate of return or 2.5 times their original investment of \$10.00 per share; and (iii) the remaining 30% upon the ocurrence of a change of control and the and the reciept of persons acquiring shares in March 2010 having received either a 30% internal rate of return or 2.5 times their original investment of \$10.00 per share.

Remarks:

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

12/09/2020

** Signature of Reporting Person

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.