FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average b | urden | | | | | | | |

0.5

hours per response:

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

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|--|---|--|----------|------------------------------|---------------------------|--|----------|---|---|---|-----------------------|---|--|---|---|---|---|--|--|
| 1. Name and Address of Reporting Person* MEHOS MANUEL J | | | | | | 2. Issuer Name and Ticker or Trading Symbol Veritex Holdings, Inc. [VBTX] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| MEHOS MANUEL J | | | | | 1 | | | | , | L | | | | X | Direc | ctor | | 10% O | wner |
| (Last) (First) (Middle) C/O VERITEX HOLDINGS, INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/16/2019 | | | | | | | | | Offic belov | er (give title w) | | Other (below) | (specify |
| 8214 WESTCHESTER DRIVE, SUITE 800 | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | | | | | | | | | | | | | | X | Forn | n filed by One | e Reportin | g Pers | on |
| DALLAS | OALLAS TX 75225 | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | |
| | | Tabl | e I - No | on-Deriv | ative | Sec | uritie | s Ac | quirec | l, Di | sposed o | f, or B | enefic | ally | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | | | Year) Execu | | Deemed cution Date, ny nth/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securitie Disposed Code (Instr. 8) | | | | and 5) Secu Ben | | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Trans | action(s) 3 and 4) | | | (111511.4) |
| Common Stock 09/16/20 | | | | | 2019 | 019 | | S ⁽¹⁾ | | 7,400 | D | \$25.4 | 1045 | 045 440,831 | | D | | | |
| | | Та | ble II - | | | | | | | | osed of, convertib | | | | vned | | | | |
| 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) | Date, Transac Code (li | | | | 6. Date Exercisable ar Expiration Date (Month/Day/Year) | | ite | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owner Form Director Inc (I) (In: | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | Amount or Number of Shares | | | | | | |

Explanation of Responses:

1. The sale reported on this Form 4 was effected pursuant to a Rule 10b5-1 trading plan entered into by the Reporting Person on August 10, 2019.

Remarks:

/s/ C. Malcolm Holland

** Signature of Reporting Person

09/27/2019

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.