

Home Federal Bancorp, Inc. of Louisiana  
 Form 4  
 October 28, 2015

**FORM 4**

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
 Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0287  
 Expires: January 31, 2015  
 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).

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person \*  
 Patterson Clyde D

2. Issuer Name and Ticker or Trading Symbol  
 Home Federal Bancorp, Inc. of Louisiana [HFBL]

5. Relationship of Reporting Person(s) to Issuer  
 (Check all applicable)

(Last) (First) (Middle)  
 C/O HOME FEDERAL BANK, 624 MARKET STREET  
 (Street)

3. Date of Earliest Transaction (Month/Day/Year)  
 10/26/2015

Director  10% Owner  
 Officer (give title below)  Other (specify below)  
 Executive Vice President & CFO

SHREVEPORT, LA 71101

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

(City) (State) (Zip)

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Ownership (Instr. 4) |                |   |                |
|---------------------------------|--------------------------------------|--|--------------------------------|---|---|--|-----------------------------------|----------------|---|----------------|
|                                 |                                      |  | Code                           | V   | Amount or Price   |  |                                   |                |   |                |
| Common Stock                    | 10/26/2015                           |  | A                              |   | 1,000<br>(1)  | A  | \$ 0                              | 18,069 (2)     | D |                |
| Common Stock                    |                                      |  |                                |   |   |  |                                   | 6,185.6345 (3) | I | By 401(k) Plan |
| Common Stock                    |                                      |  |                                |   |   |  |                                   | 5,922.7038 (4) | I | By ESOP        |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

**Persons who respond to the collection of information contained in this form are not required to respond unless the form**

SEC 1474 (9-02)

displays a currently valid OMB control number.

**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 Date, if any (Month/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) | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | 8. Amount or Number of Shares |
|--|--|--------------------------------------|--|--------------------------------|---|--|---|-------------------------------|
| Employee Stock Option (Right to Buy)       | \$ 23  | 10/26/2015                           |  | A                              | 4,500   | <sup>(5)</sup> 10/26/2015                                | Common Stock  | 4,500                         |
| Employee Stock Option (Right to Buy)       | \$ 14.7  |                                      |  |                                |   | <sup>(6)</sup> 01/31/2022                                | Common Stock  | 5,544                         |

## Reporting Owners

| Reporting Owner Name / Address  | Relationships |           |                                |       |
|---|---------------|-----------|--------------------------------|-------|
|   | Director      | 10% Owner | Officer                        | Other |
| Patterson Clyde D<br>C/O HOME FEDERAL BANK<br>624 MARKET STREET<br>SHREVEPORT, LA 71101 | X             |           | Executive Vice President & CFO |       |

## Signatures

/s/Clyde D.  
Patterson  
Date: 10/28/2015

\*\*Signature of Reporting Person

## Explanation of Responses:

- \* 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).
- (1) Represents the grant of shares pursuant to the 2014 Stock Incentive Plan that vest 20% per year commencing on October 26, 2016.

## Edgar Filing: Home Federal Bancorp, Inc. of Louisiana - Form 4

- (2) Includes 889 shares held in the 2011 Recognition and Retention Plan Trust which reflect the unvested portion of a grant award originally covering 2,218 shares that commenced vesting 20% per year on January 31, 2013.
- (3) Reflects units which represent share interests and a cash reserve in the Issuer's 401(k) Plan. Based on a report dated September 29, 2015.
- (4) Includes shares allocated to the reporting person's account in the ESOP since the last filed Form 4.
- (5) The options vest at a rate of 20% per year commencing on October 26, 2016.
- (6) The options are vesting at a rate of 20% per year commencing on January 31, 2013.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.