Home Federal Bancorp, Inc. of Louisiana Form 4/A September 04, 2014

FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL				
	Washington, D.C. 20549							OMB Number:	3235-0287			
Check this box if no longer								Expires:	January 31, 2005			
subject to Section 10	subject to Section 16. SECURITIES Form 4 or								burden hou	Estimated average burden hours per response 0.5		
obligation may conti <i>See</i> Instru 1(b).	inue. Section 17(a) of the Pu	ublic Uti		ing Com	pany	Act o	f 1935 or Sectio	n			
(Print or Type R	Responses)											
1. Name and A HARRISON	OY s	2. Issuer Name and Ticker or Trading Symbol				-	5. Relationship of Reporting Person(s) to Issuer					
		Home Federal Bancorp, Inc. of Louisiana [HFBL]					(Check all applicable)					
(Last) C/O HOME MARKET S	(1	3. Date of Earliest Transaction (Month/Day/Year) 07/31/2014					_X_Director10% Owner Officer (give titleOther (specify below) below)					
	(Street)	F	4. If Amendment, Date Original Filed(Month/Day/Year) 08/04/2014					 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
SHREVEPC	ORT, LA 71101							Person	whole than one R	epotting		
(City)	(State)	(Zip)	Table	I - Non-De	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)		Date, if	3. Transactio Code (Instr. 8)	4. Securi nAcquired Disposed (Instr. 3,	l (A) c l of (D))	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	07/31/2014			Code V A	Amount 1,000 (1)	or (D)	Price \$ 0	Transaction(s) (Instr. 3 and 4) 6,417 (2) (3)	D			

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 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. 5. TransactionNumber Code of (Instr. 8) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)				7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price Derivat Securit (Instr. 5
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (Right to Buy)	\$ 14.7					<u>(4)</u>	01/31/2022	Common Stock	4,669	

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Reporting Owners

Reporting Owner Name / Address		Relationsh	ips	
	Director	10% Owner	Officer	Other
HARRISON MARK MALLOY C/O HOME FEDERAL BANK 624 MARKET STREET SHREVEPORT, LA 71101	Х			
Signatures				
/s/Clyde D. Patterson, by P.O.A. Harrison	Malloy		09/04/2014	
<u>**</u> Signature of Reporting		Date		

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 2011 Recognition and Retention Plan that vest 20% per year commencing on July 31, 2015.
- (2) The reporting person is amending the Form 4 for the purpose of correcting the number of shares and derivative securities beneficially owned following the exercise of 1,167 stock options on February 5, 2013, reported on Form 4 filed February 6, 2013.
- (3) Includes 1,868 shares held in the 2011 Recognition and Retention Plan Trust which reflects the unvested portion of a grant award originally covering 3,112 shares that commenced vesting at a rate of 20% per year on January 31, 2013.
- (4) 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.