## Edgar Filing: Berntsen Torry - Form 4

Berntsen Tor Form 4 April 09, 201								
FORM			ID EXCILAN		OMB APPROVAL			
-	UNITED STAT	ES SECURITIES AN Washington, I		GE COMMISSIO	N OMB 3235-0287 Number:			
Check th if no long	ger STATEMENT	OF CHANGES IN B	ENEFICIAL	OWNERSHIP OF	Expires: January 31, 2005			
subject to Section 1	6.	SECURI			Estimated average burden hours per			
Form 4 o Form 5		ahanga Ast of 1024	response 0.5					
obligatio	ns Section $17(a)$ of the	o Section 16(a) of the e Public Utility Holdi			on			
may cont See Instru	inue.	h) of the Investment C	• • •					
1(b).								
(Print or Type I	Responses)							
1. Name and A Berntsen To	ddress of Reporting Person	2. Issuer Name <b>and</b> T Symbol	Ficker or Trading	5. Relationship o Issuer	5. Relationship of Reporting Person(s) to Issuer			
		Independent Bank [IBTX]	Group, Inc.	(Che	eck all applicable)			
(Last)	(First) (Middle)	3. Date of Earliest Trar	nsaction	X_ Director	10% Owner			
1600 REDB	UD	(Month/Day/Year) 04/08/2013		X Officer (give below)	_X_ Officer (give title Other (specify below) below)			
	RD, SUITE 400	Pre	President and COO					
	(Street)	4. If Amendment, Date	Original	6. Individual or	Joint/Group Filing(Check			
Filed(Month.			C	Applicable Line)	Applicable Line)			
MCKINNE	Y, TX 75069				One Reporting Person More than One Reporting			
(City)	(State) (Zip)	Table I - Non-De	rivative Securiti	ies Acquired, Disposed	of, or Beneficially Owned			
1.Title of Security (Instr. 3)	2. Transaction Date 2A. I (Month/Day/Year) Exec any	tion Date, if Transaction Code	4. Securities Acc (A) or Disposed (D)	uired 5. Amount of of Securities Beneficially	<ul><li>6. Ownership</li><li>7. Nature of</li><li>Form: Direct</li><li>Indirect</li><li>(D) or</li><li>Beneficial</li></ul>			
	(Mor	th/Day/Year) (Instr. 8)	(Instr. 3, 4 and 5 (A)	) Owned Following Reported Transaction(s)	Indirect (I) Ownership (Instr. 4) (Instr. 4)			
-		Code V	Amount (D)	Price (Instr. 3 and 4)				
Common Stock	04/08/2013	А	16,000 A	<u>(1)</u> 57,792	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)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Berntsen Torry 1600 REDBUD BOULEVARD SUITE 400 MCKINNEY, TX 75069	Х		President and COO				
Signatures							
By: /s/ JAN C. WEBB, as Attorney-in-Fact		04/09/2013					
**Signature of Reporting Person		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).

The Reporting Person acquired the shares pursuant to a grant under the Issuer's 2013 Equity Incentive Plan. Such shares vest in five (5)(1) equal annual installments on the anniversary of the date of grant, subject to forfeiture upon the occurrence of certain events specified in the agreement underlying such grant.

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.