FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, I	D.C.	20549
---------------	------	-------

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPR	OVAL							
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 Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Cladouhos Sherry Leigh			2. Issuer Name and Ticker or Trading Symbol GLACIER BANCORP, INC. [ GBCI ]						5. Relationship of Reporting Person(s) to Issu (Check all applicable)  X Director 10% Own							
(Last) (First) (Middle) 49 COMMONS LOOP		3. Date of Earliest Transaction (Month/Day/Year) 02/15/2023						Officer (give title Other (spec below) below)								
(Street) KALISPELL MT 59901		4. If A	mendn	nent, Date of	Origina	I Filed	l (Month/Day	ı/Year)		6. Indi Line) X	Form Form	Joint/Grou	ne Repo	orting Pers	son	
(City) (State) (Zip)											Person					
Table I - No	n-Deriva	tive S	ecur	ities Acqı	uired,	Dis	oosed of,	or Be	nefi	cially	/ Own	ed				
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction D Code (Instr. 5)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			A) or Securities Beneficially Owned Followi		es ially Following	6. Ownership Form: Direct (D) or Indirect g (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
					Code	v	Amount	(A) or (D)	or Price		Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock	02/15/2	2023			<b>A</b> <sup>(1)</sup>		1,265	A	,	\$ <mark>0</mark>	22,284		34 D			
Common Stock											2	295		I .	As custodian for UTMA account of Y.	
Common Stock											2	295		I	As custodian for UTMA account of T.	
Common Stock											295			I	As custodian for UTMA account of A.	
Table II -	_			ies Acqui /arrants,		•					Owne	d				
Security or Exercise (Month/Day/Year) if any	emed ion Date,	4. Transactio Code (Insti		5. Number of	6. Date Exercisabl Expiration Date (Month/Day/Year)		sable and	7. Title a Amount Securitie Underlyi Derivativ	le and unt of rities erlying rative rity (Instr.		Price of rivative curity str. 5)	derivative Securities	e Owners s Form: Direct ( or Indir (I) (Inst	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
Explanation of Responses:		Code	v		Date Exercis	able	Expiration Date	O N O	umbe	er						

1. Represents shares awarded which vest immediately.

Remarks:

/s/ Martha Tannehill on behalf 02/17/2023 of Sherry L. Cladouhos

\*\* Signature of Reporting Person Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).