FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT	ΛE	CHANGES	IN RE	NECICIAL	OWNEDS	ШΙД
SIAIEMENI	OF	CHANGES		NEFICIAL	OMMERS	HIP

	OMB APPROVAL								
0	MB Number:	3235-0287							
E	stimated average b	urden							
h	ours 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

1. Name and Address of Reporting Person* Goodwin Annie M.				2. Issuer Name and Ticker or Trading Symbol GLACIER BANCORP, INC. [GBCI]							5. Relationsh (Check all ap X Dire		' '		rson(s) to Is				
(Last) 49 COM	(F MONS LO	,	(Middle)				3. Date of Earliest Transaction (Month/Day/Year) 02/15/2021								Officer (give title Othe below) belo				specify
(Street) KALISP (City)			9901 Zip)		4. If A	Line) X Form filed by On-							p Filing (Check Applicable e Reporting Person are than One Reporting						
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or B	enef	icially	/ Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day			Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acqui Disposed Of (D) (Ir					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)					
								Code	v	Amount	(A) (D)	Pri	ice	Transa	action(s) 3 and 4)			(3 4)	
Common Stock 02/15				02/15/2	2021			A		973(1)	A	\$	51.39	9 9,731			D		
Common Stock												4,710(2)			I	IRA			
		Tal									osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security			Executi if any	A. Deemed Execution Date, f any Month/Day/Year)		4. Transaction Code (Instr. 8)		rative rities iired r osed) c. 3, 4	6. Date Exercisable Expiration Date (Month/Day/Year)		ate	e Amount o		De Se (In	Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Numb of Share						

Explanation of Responses:

- 1. Represents fully vested shares awarded under the 2015 Stock Incentive Plan.
- 2. Adjusted for shares acquired through dividend reinvestment.

Remarks:

/s/ Martha Tannehill for Annie M. Goodwin

** Signature of Reporting Person

02/18/2021

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.