## FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

**OWNERSHIP** 

-	 _	_	_	_	_	_	-		-		_ `	_	-			_	_	-
								W	as	hir	ng	to	n,	D	C.	2	054	49

<b>ANNUAL</b>	STATEMENT	OF C	HANGES	IN BEN	<b>EFICIAL</b>

OMB APP	OMB APPROVAL									
OMB Number:	3235-0362									
Estimated average burden										
hours per response	. 10									

Form 3	3 Holdings Rep	orted.															
Form	4 Transactions	Reported.	Filed	I pursuant to S or Section 3								34					
1. Name at Chery	nd Address of Don J.	2. Issuer Name and Ticker or Trading Symbol GLACIER BANCORP, INC. [ GBCI ]							(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify				Owner -			
(Last) (First) (Middle) 49 COMMONS LOOP				3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2022							X Officer (give title Officer (specify below)  EXECUTIVE VICE PRESIDENT/CAO						
(Street)  KALISPELL MT 59901  (City) (State) (Zip)				4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person						
		Table	I - Non-Deriva	ative Secu	rities	s Acc	uire	ed, Dis	posed	of, o	r Ben	eficia	Ily Own	ed			
1. Title of S	ecurity (Instr.	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A) or Disp Of (D) (Instr. 3, 4 and 5)			posed	Securiti Benefici	es Ow		rship : Direct	7. Nature of Indirect Beneficial Ownership		
				,				Amour		(A) or (D)			Issuer's	s Fiscal Indire		ct (I)	(Instr. 4)
Common	Stock		11/02/2022			G		1,250		D	\$0		41,435		D		
		Tal	ble II - Derivat (e.g., pu	ive Securi uts, calls, v										d			
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)	of Deriv Secu Acqu (A) o Disp of (D	osed )) :r. 3, 4	Expiration (Month/Da		te Exercisable and ation Date th/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Owners Form: Direct (I or Indire (I) (Instr	Beneficial Ownership ect (Instr. 4)
			(A) (D) Exe			Expiration cisable Date Title Shar		nber									

**Explanation of Responses:** 

## Remarks:

/s/ Don J. Chery

02/08/2023

\*\* 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> 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).