FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL								
OMB Number:	B Number: 3235-0104							
Estimated average burden								
hours per response	e: 0.5							

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*  Navitskas Allison  2. Date of Event Requiring Statement (Month/Day/Year) 05/09/2019			nent	3. Issuer Name <b>and</b> Ticker or Trading Symbol SOUTH PLAINS FINANCIAL, INC. [ SPFI ]								
(Last)	(First)	(Middle)				Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director 10% Owner			5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street)	TX	79407			Α	Officer (give title below)	Other (spe	cify		cable Line) Form filed by	/Group Filing (Check  y One Reporting Person	
(City)	(State)	(Zip)								Reporting P	y More than One erson	
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)						int of Securities ally Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock						1,172 <sup>(1)</sup>	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4)  2. Date Exer Expiration D (Month/Day/			ate	3. Title and Amount of Secur Underlying Derivative Securi			4. Convers	sion cise	Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiration Date	n Title		Amount or Number of Shares	Price of Derivati Security	ive	Direct (D) or Indirect (I) (Instr. 5)		

## **Explanation of Responses:**

1. (1) 1,172 of the shares reported represent restricted stock units that may be settled only by delivery of an equal number of shares of common stock and which are subject to vesting and forfeiture.

/s/ Allison S. Navitskas 05/09/2019

\*\* Signature of Reporting Person 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 5 (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.