Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

| OMB APPROVAL | | | | | | | | | |
|--------------------------|------|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0 | | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours nor resnance | . 05 | | | | | | | | |

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* Searby Sean | | | | | | 2. Issuer Name and Ticker or Trading Symbol Amalgamated Financial Corp. [AMAL] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director Officer (give title Other (specify | | | | | |
|---|---|---|--------------|----------------------------------|--|---|-----------------|---|---|----------------------------|--|------------|---|--|---|----------------------|-------|--|-------------|
| (Last) 275 7TH | (F AVENUE | , | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/01/2021 | | | | | | X | below | below) /P, Operations | | below) | · · · | | |
| (Street) NEW YO | | | 0001 Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indi Line) X | -, | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Disposed O 5) | | es Acquired (A) or Of (D) (Instr. 3, 4 a | | or 4 and | 5. Amount of Securities Beneficially Owned Follov Reported | | 6. Owne Form: D (D) or Ir (I) (Instr | oirect idirect : 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | | Code V | | Amount | (A) (D) | or Pri | ice | Transa | ction(s) 3 and 4) | | | (1115411-4) |
| Common Stock 06/01 | | | | | 2021 | | M | | 1,800(1) | A | \$ | 16.6 | 3,428 | | D | | | | |
| Common Stock 06/01/2 | | | | | 2021 | | F | | 612(2) | D \$1 | | 16.6 | 5.6 2,816 | | D | | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | Derivative percentity (Instr. 3) Price of Derivative Security Price of Derivative Security Security Of (Month/Day/Year) | | of | ired r osed) : 3, 4 | Expiration Date AI (Month/Day/Year) Sc UI Di | | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Price of rivative curity str. 5) | | Ownersh Form: Direct (D or Indire (I) (Instr. | nership rm: ect (D) Indirect | Beneficial Ownership t (Instr. 4) | | | | |
| | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Amount or Number of Shares | | er | | | | | | | |

Explanation of Responses:

- 1. This represents the first vesting of a restricted stock unit grant on June 1, 2020 which vests in three equal annual installments beginning on June 1, 2021 and which was previously reported.
- 2. This represents shares withheld for taxes related to the vesting of a restricted stock unit grant on June 1, 2020 which has previously been reported and vests in equal 1/3 annual installments, beginning on June 1, 2021.

Remarks:

/s/Sean Searby

06/04/2021

** 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 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.