

FORM 4

Federal Deposit Insurance Corporation Washington, D.C. 20429

OMB APPROVAL

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

(PLEASE PRINT OR TYPE ALL RESPONSES)

1. Name of Reporting Person (Last, First, MI)* LaBenne, Andrew Street Address Amalgamated Bank 275 Seventh Avenue 10001 <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">City New York</td> <td style="width:15%; border: none;">State NY</td> <td style="width:52%; border: none;">ZIP Code 10001</td> </tr> </table>			City New York	State NY	ZIP Code 10001	2. Issuer Name and Ticker or Trading Symbol Amalgamated Bank (AMAL)		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Director <input checked="" type="checkbox"/> Officer (Give title below) Senior Executive VP and CFO </div> <div> <input type="checkbox"/> 10% Owner <input type="checkbox"/> Other (Specify below) </div> </div>	
City New York	State NY	ZIP Code 10001							
3. Date of Earliest Transaction Required to be Reported (Month/Day/Year) <div style="text-align: center;">2/23/21</div>			4. If Amendment, Date Original Filed (Month/Day/Year) 						
6. Individual or Joint/Group Filing (Check applicable box) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person									

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date if any, (Month/ Day/ Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instrs. 3, 4, and 5)			5. Amount of Securities Beneficially Owned Follow- ing Reported Transactions (Instr. 3 and 4)	6. Ownership Form Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Class A Common Stock	2/23/2021		M		110,020	A	\$11.00	134,752	D	
Class A Common Stock	2/23/2021		F		85,061	D	\$16.83	49,691	D	
Class A Common Stock	2/23/2021		S		24,959	D	\$16.97 (3)	24,732	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)	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)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instrs. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instrs. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Securities: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Employee Stock Option (right to buy)	\$11.00	2/23/2021		M				(1)	(1)	Common Stock	110,020	\$11.00	24,732	D	

Explanation of Responses:

(1) This option originally vested in three equal annual installments beginning January 1, 2015 and expire on January 1, 2025.

(2) By: Mandy Tenner pursuant to power of attorney filed with the FDIC on August 8, 2018.

(3) The price in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$16.76 to

\$17.06. The reporting person undertakes to provide to Amalgamated Bank, any security holder of Amalgamated Bank, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth herein.

/s/ Andrew LaBenne (2)

2/25/2021

**Signature of Reporting Person

Date

NOTE: File three copies of this form, one of which must be manually signed. If space provided is insufficient, see Instruction 6 for procedure (12 C.F.R. 335.612).

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a current, valid OMB Control Number.

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

BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 0.5 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Paper Reduction Act Clearance Officer, Legal Division, Federal Deposit Insurance Corporation, 550 17th St. NW, Washington, D.C. 20429, and the Office of Management and Budget, Paperwork Reduction Project (3064-0030), Washington, D.C. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.