FORM 4 Check box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See instruction 1(b).	Filed	IT OF CHAN	Washii IGES IN Section 16 SE PRIN	BENEF δ(a) of th T OR TY	Urance Corpo D.C. 2042 FICIAL OWNE The Securities Ex TPE ALL RESP Symbol	9 ERSHIP OF change Act	of 1934	S	OMB NUMBER: CMB NUMBER: EXPIRES: 07/31, Estimated average hours per resp on(s) to Issuer (Chec	/2013 ge burden oonse0.5	
Bruce, Maryann Street Address Amalgamated Bank 275 Seventh Avenue City New York	Amalgama 3. Date of Earlie Required to I (Month/Day/ 03/11/202	est Transact be Reportec Year)	ion 4	MAL) . If Amendment, Day Filed (Month/Day/							
	T <u>Y 10001</u> Table	l - Non-Deriv	ative Sec	curities	Acquired, Disp	osed of, or	Beneficially	Owned			
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execu- tion Date if any, (Month/ Day/ Year)	u- (Instr. 8) Date /, //////////////////////////////////		of (D) (Instrs. 3	3, 4, and 5)		5. Amount of Securities Beneficially Owned Follow- ing Reported Transactions (Instr. 3 and 4	(Instr. 4)	 Nature of Indirect Beneficial Ownership (Instr. 4) 	
CLASS A COMMON STOCK	03/11/2020		Code P	V	Amount 1000	(A) or (D) A	Price 13.08	7006.65	, 		
								6006.6	5		
									_		

FDIC 6800/04 (10-05)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. (Continue on Page 2) *If the form is filed by more than one reporting person, see Instruction 4(b)(v).

FORM 4 (continued)

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. Con- version or Ex- ercise Price of De- rivative Secu- rity			4. Trans- action Deriv Code Secu (Instr. 8) Acqu or Disp (D) (Instr		5. Numb Deriva Securi Acquir or Dispos	er of ative rities red (A) sed of s. 3, 4,				8. Price of De- rivative Security (Instr. 5)			11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	V	(A)	(D)	Date Ex- ercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
	_														

Explanation of Responses:

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

/s/ Maryann Bruce (1)

**Signature of Reporting Person

03/12/2020

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.