

INITIAL STATEMENT OF 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, Middle)* Dennis, Patricia Diaz			2. Date of Event Requiring Statement (Month/Day/Year) 08/10/2018		4. Issuer Name and Ticker or Trading Symbol Amalgamated Bank (AMAL)	
Street Address Amalgamated Bank 275 Seventh Avenue			3. IRS Identification Number of Reporting Person, if an Entity (Voluntary)		5. Relationship of Reporting Person to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (Specify below)	
City New York	State NY	ZIP Code 10001	6. If Amendment, Date Original Filed (Month/Day/Year)			7. Individual or Joint/Group Filing (Check Applicable Box) <input type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
No securities are beneficially owned			

Table II - Derivative Securities Beneficially Owned (e.g., plus, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Securities: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of shares			

Explanation of Responses:

(1) By: Mandy Tenner pursuant to power of attorney filed herewith

/s/Patricia Diaz Dennis (1)

8/13/18

**Signature of Reporting Person

Date

NOTE: File three copies of this Form, one of which must be manually signed. If the space provided is insufficient, see Instruction 6 for procedure (12 C.F.R. 335.611).
Potential persons who are to respond to the collection of information contained on this form are not required to respond unless the form displays a current, valid OMB Control Number.
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BURDEN STATEMENT

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