FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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* Riaz Imran			Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 11/04/2021 3. Issuer Name and Ticker or Trading Symbol Amalgamated Financial Corp. [AMAL]							
(Last) 275 SEVE	(First) (Middle)				Relationship of Reporting Issuer (Check all applicable)			5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street) NEW YORK (City)	NY (State)	10001 (Zip)	-		Director X Officer (give title below) EVP, Chief Credit 1	10% Owner Other (specify below) Risk Officer		6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person			
			able I - Non	 -Derivati	I ive Securities Benefic	ially O	wned				
1. Title of Security (Instr. 4)							3. Ownership 4. N		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
1. Title of Sec	curity (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4)	Form: [(D) or li	Direct ndirect				
1. Title of Sec)			Beneficially Owned (Instr.	Form: [(D) or li (I) (Inst	Direct ndirect				
) Derivative	Beneficially Owned (Instr. 4)	Form: I (D) or li (I) (Inst	Direct ndirect rr. 5)	Own			
Common St		(e.g		Derivative Is, warran	Beneficially Owned (Instr. 4) 0 2 Securities Beneficiants, options, converti	Form: I (D) or II (I) (Insti	Direct ndirect rr. 5)	Own			

Explanation of Responses:

Remarks:

/s/ Imran Riaz

11/08/2021

** 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 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.