## FORM 4

## Check box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See instruction

## Federal Deposit Insurance Corporation Washington, D.C. 20429

| STATEMENT | OF CHANGES IN | I BENEFICIAL | <b>OWNERSHIP</b>  | OF SECURITIES  |
|-----------|---------------|--------------|-------------------|----------------|
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

(PLEASE PRINT OR TYPE ALL RESPONSES)

| OMB APPROVAL  |
|---|
| OMB NUMBER: 3064-0030<br>EXPIRES: 07/31/2013<br>Estimated average burden<br>hours per response0.5 |

| 1. Name of Reporting Person (Last, F<br>Bruce, Maryann | 2. Issuer Name Amalgam                          |   |  |                                       |                      | Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director                         |             |   |  |   |   |  |  |
|--|---|---|--|---------------------------------------|----------------------|---|-------------|---|--|---|---|--|--|
| Street Address Amalgamated Bank 275 Seventh Avenue     | Required to be<br>Reported (Month/Day/<br>Year) |   |  | If Amendment, Da<br>Filed (Month/Day/ | te Original<br>Year) | Officer (Give title below Other (Specify below)  6. Individual or Joint/Group Filing (Check applicable box) |             |   |  |   |   |  |  |
| City New York  | State NY  | ZIP Code<br>10001                       | 05/15/20   |                                       |                      |   |             | Form filed by One Reporting Person Form filed by More than One Reporting Person |  |   |   |  |  |
|  | 7   |   | I - Non-Deriv  | ative Sec                             | curities A           | Acquired, Disp  | osed of, or | Beneficially  | Owned  |   |   |  |  |
| Title of Security     (Instr. 3)                       |   | 2. Transaction Date<br>(Month/Day/Year) | 2A. Deemed<br>Execu-<br>tion Date<br>if any,<br>(Month/<br>Day/<br>Year) | 3. Transaction Co                     |                      | de 4. Securities Acquired (A) or Disp of (D) (Instrs. 3, 4, and 5)  |             | posed   | Securities Beneficially Owned Follow- ing Reported |   | 7. Nature of Indirect<br>Beneficial Ownership<br>(Instr. 4) |  |  |
|  |   |   |  | Code                                  | V                    | Amount  | (A) or (D)  | Price   | Transactions (Instr. 3 and 4)                      |   |   |  |  |
| CLASS A COMMON STOCK                                   |   | 05/15/2020                              |  | Р                                     |                      | 500   | Α           | \$9.25  | 8006.65 (1)  | D |   |  |  |
|  |   |   |  |                                       |                      |   |             |   |  |   |   |  |  |
|  |   |   |  |                                       |                      |   |             |   |  |   |   |  |  |
|  |   |   |  |                                       |                      |   |             |   |  |   |   |  |  |
|  |   |   |  |                                       |                      |   |             |   |  |   |   |  |  |
|  |   |   |  |                                       |                      |   |             |   |  |   |   |  |  |
|  |   |   |  |                                       |                      |   |             |   |  |   |   |  |  |
|  |   |   |  |                                       |                      |   |             |   |  |   |   |  |  |
|  |   |   |  |                                       |                      |   |             |   |  |   |   |  |  |
|  |   |   |  |                                       |                      |   |             |   |  |   |   |  |  |

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).

2. Con-

3. Trans- 3A. Deemed 4. Trans-

1. Title of Derivative

| (Instr. 3) or Exercise Price of De-   | ercise<br>Price<br>of De-<br>rivative<br>Secu- | or Ex- ercise Price Day/ of De- rivative Secu-  Date (Month/ Day/ Year) | Execu-<br>tion Date if any, (Month/ Day/ Year) | Code Se (Instr. 8) Ac or Di (Instr. 8) (Instr. 8) |         | Securi<br>Acquii<br>or<br>Dispos<br>(D) | Disposed of D) Instrs. 3, 4,                           |                       | able and<br>on Date<br>Day/ | Underlying Securities<br>(Instrs. 3 and 4) |                                  | of<br>De-<br>rivative<br>Security<br>(Instr. 5) | Derivative Securities Beneficially Owned Following Reported Trans- action(s) | ship Form<br>of<br>Deriva-<br>tive<br>Securities:<br>Direct (D)<br>or<br>Indirect (I) | Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|---|--|---|--|---|---------|---|--|-----------------------|-----------------------------|--|----------------------------------|---|--|---|---|
|   |  |   |  | Code  | V       | (A)                                     | (D)  | Date Ex-<br>ercisable | Expiration<br>Date          | Title                                      | Amount or<br>Number of<br>Shares |   | (Instr. 4)   | (Instr. 4)  |   |
|   |  |   |  |   |         |   |  |                       |                             |  |                                  |   |  |   |   |
|   |  |   |  |   |         |   |  |                       |                             |  |                                  |   |  |   |   |
|   |  |   |  |   |         |   |  |                       |                             |  |                                  |   |  |   |   |
|   |  |   |  |   |         |   |  |                       |                             |  |                                  |   |  |   |   |
|   |  |   |  |   |         |   |  |                       |                             |  |                                  |   |  |   |   |
|   |  |   |  |   |         |   |  |                       |                             |  |                                  |   |  |   |   |
|   |  |   |  |   |         |   |  |                       |                             |  |                                  |   |  |   |   |
|   |  |   |  |   |         |   |  |                       |                             |  |                                  |   |  |   |   |
|   |  |   |  |   |         |   |  |                       |                             |  |                                  |   |  |   |   |
| Explanation of Responses (1) <b>The Form 4 filed</b>                                      |  | 18, 2020 ir   | nadvertently                                   | report  | ed an a | ddition                                 | al 1981  | shares ti             | hat had pr                  | reviously been                             | reported.                        |   |  | •   |   |
| (2) By: Mandy Tenner pursuant to power of attorney filed with the FDIC on August 8, 2018. |  |   |  |   |         |   | /s/ Maryann Bruce (2)  **Signature of Reporting Person |                       |                             |  |                                  | 05/19/2020<br>Date                              |  |   |   |

Table II - Derivative Securities Acquired, Disposed of or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

7. Title and Amount of

8. Price

9. Number of 10. Owner-

11. Nature of

6. Date

5. Number of

**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 17<sup>th</sup> 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.

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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).

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

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