FORM 4		Γ	OMB APPROVAL								
Check box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See instruction 1(b).	STATEMEI File	ES E	OMB NUMBER: 3064-0030 EXPIRES: 07/31/2013 Estimated average burden hours per response0.5								
1. Name of Reporting Person <i>(Last, F</i> Paul, James Street Address	Amalga 3. Date of Earlie Required to	est Transact	Bank (ding Symbol (AMAL) . If Amendment, D Filed <i>(Month/Da</i>)		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (Give title below) Other (Specify below)					
Amalgamated Bank 275 Seventh Avenue ^{City} New York	(Month/Day/Year) 08/13/2018					Exec. VP & Chief Administrative Officer 6. Individual or Joint/Group Filing (Check applicable box) Form filed by One Reporting Person Form filed by More than One Reporting Person					
		l - Non-Deriv	ative Sec	curities /	Acquired, Dis	posed of, or	Beneficially	Owned			
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execu- tion Date if any, (Month/			4. Securities Ac of (D) (Instrs.	quired (A) or Dis 3, 4, and 5)	posed	5. Amount of Securities Beneficially Owned Follow- ing Reported	(Instr. 4)	 Nature of Indirect Beneficial Ownership (Instr. 4) 	
		Day/ Year)	Code	v	Amount	(A) or (D)	Price	Transactions (Instr. 3 and 4))		
Class A Common Stock	08/13/2018		P		3,000	A	\$15.50	3,000	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).

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	3. Trans- action Date (Month/ Day/ Year)	3A. Deemed Execu- tion Date if any, (Month/ Day/ Year)	Code			ative ities red (A) sed of 5. 3, 4,	6. Date Exercisable and Expiration Date					1	1	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/ James Paul (1)

08/14/2018

**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.