FORM 5

See instruction 1(b).

Form 3 holdings reported.

Form 4 transactions reported.

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

Federal Deposit Insurance Corporation

Washington, D.C. 20429

ANNUAL 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)

OMB APPROVAL									
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hours per response ...1.0

Name of Reporting Pe	11)*	2. Issuer Name and Tickler or Trading Symbol Amalgamated Bank (AMAL)					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
Street Address Amalgamated Bar 75 Seventh Avenu		3. Statement for Iss Year Ended (Month)	uer's Fiscal 'Day/Year)	4. If Amendment, Da Filed (Month/Day/		6. Individ	Officer (Give title below) Other (Specify below) Exec. VP & Chief Accounting Officer 6. Individual or Joint/Group Filing (Check applicable box)						
Sity New York	State NY	ZIP Code 10001						Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Table	I - Non-Derivati	ive Securities	s Acquired, Dis	posed of	or Beneficia	ally Owned					
Title of Security (Instr. 3)		Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any, (Month/ Day/ Year)	3. Transaction Code (Instr. 8)	Securities Ac of (D) (Instrs.	quired (A) or			6. Ownership Form Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Amount	(A) or (D)	Price						
Class A Common Stock		9/5/2018		L	250 (1)	A	\$17.90	3,250	D				

FDIC 6800/05 (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).

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Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of De/rivative Security	3. Trans- action Date (Month/ Day/ Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Dis posed of (D) (Instrs. 3, 4, and 5)		6. Date Exercis able and Expi- ration Date (Month/Day/ Year)		7. Title and Amount of Underlying Securities (Instrs. 3 and 4)		8. Price of Deriva- tive Security (Instr. 5)	9. Number of Derivative Securities Beneficiall y Owned at End of Issuer's Fiscal	10. Owner- ship Form of Deriva- tive Securities: Direct (D) or Indirect (I) (Instr.4)	11. Nature of Indirect Beneficial Owner ship (Instr. 4)	
					(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Year (Instr.4)	(111501.4)		
Explanation of Responses:			1				ı			•			1		
(1) Shares acquired in ro (2) By: Mandy Tenner p FDIC on August 8,	ursuant to p			h the											
								/s/ J	ason Darby (2	2)			2/12/20)19	
								**Signature of Reporting Person					Date		
NOTE: File three copies o Potential persons who are **Intentional misstatement	to respond to	the collection	n of information	contained in the	his form are r	not required t	o respond u	nless the forr	rocedure (12 C.F.R. n displays a current	335.612). , valid OMB C	ontrol Number				

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

Public reporting burden for this collection of information is estimated to average 1.0 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, 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.

BURDEN STATEMENT