FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE**

Washington, D.C. 20549

## **COMMISSION**

OMB APPROVAL 3235-OMB Number: 0104 INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

Estimated average burden hours per response: 0.5

## **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

1. Name and A	address of Repo eredith	2. Date of E Requiring S (Month/Day 07/28/202	tatement /Year)	3. Issuer Name and Ticker or Trading Symbol Amalgamated Financial Corp. [ AMAL ]							
(Last) 275 7TH AV (Street) NEW YORK (City)	(First) VENUE  NY (State)	(Middle)	-		Issuer	ationship of Reporting k all applicable) Director Officer (give title below)	10% C	) wner (specify	File 6. lı	ndividual or Jo neck Applicable	int/Group Filing e Line) by One Reporting by More than One
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					2. Amo	unt of Securities cially Owned (Instr.	3. Ownership		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock						0	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
, E			<b>Expiration Da</b>	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Se Underlying Derivative Sec (Instr. 4)		curity Convers		ise Form:	6. Nature of Indirect Beneficial Ownership (Instr.
			Date Exercisable	Expiratior Date	ı Title		Amount or Number of Shares	Price o Derivat Securit	ive	Direct (D) or Indirect (I) (Instr. 5)	5)

**Explanation of Responses:** 

Remarks:

/s/Meredith Miller

07/28/2022

\*\* Signature of Reporting

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.