SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response: 0.5

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 Graham '	Address of Re <u>Tyrone</u>	2. Date of E Requiring S (Month/Day	tatement /Year)	3. Issuer Name and Ticker or Trading Symbol <u>Amalgamated Financial Corp.</u> [AMAL]							
(Last) 275 7TH A	(First) VENUE	(Middle)	04/24/202	3	Issuer	ationship of Reporting k all applicable) Director Officer (give title below)	g Person(s) 10% O Other (below)	wner	5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) NEW YORK	NY	10001	,			EVP, Chief HF	R Officer		A Person		
(City)	(State)	(Zip)							Reporting		
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. I) (D) or Indir (I) (Instr. 5)		irect O direct	ect Ownership (Instr. 5) rect			
Common Stock						1,489	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
		2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Se Underlying Derivative Se (Instr. 4)			4. Conversion or Exercia Price of	se Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
		Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Derivative Security	e Direct (D) or Indirect (I) (Instr. 5)	5)		
Explanation of	of Responses	:									

Remarks:

<u>/s/ Tyrone Graham</u>

** Signature of Reporting Person 06/01/2023

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.