FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Nashington, D	.C. 20549
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STATEMENT	OF CHANGES	S IN BENEFICIAL	OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average	burden								
hours per response	: 0.5								

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Brown Sam D.					2. Issuer Name and Ticker or Trading Symbol Amalgamated Financial Corp. [AMAL]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 12/22/2023								- ;	X Officer (give title below) Senior Executive VP and CBO				
(Street)	TIVENOE				4. I1	f Ame	ndment,	Date o	of Origina	Filed	d (Month/D	ay/Year)	Line	,	Joint/Group			·
NEW YO	ORK N	Y	10001		-									Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)		Rule 10b5-1(c) Transaction Inc							licati	on						
Check this box to indicate that a transaction was made pursuant satisfy the affirmative defense conditions of Rule 10b5-1(c). See																			
		Tab	le I - No	n-Deri\	vative	Sec	curitie	s Ac	quired,	Dis	posed o	of, or	Ben	eficial	ly Owned	t			
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		ar) E	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.						Securitie Benefici	5. Amount of Securities Beneficially Owned Following		Direct Indirect tr. 4)	7. Nature of Indirect Beneficial Ownership	
						Code	v	Amount	(A (D	A) or Price		Transac (Instr. 3	ction(s)			(Instr. 4)			
Common Stock 12/22/2			2/2023	2023		F		1,235	(1)	D	\$26.9	3 31	,428		D				
Common Stock 01/25/2			5/2024	2024			A		2,665(2)		A	\$0	34	34,093		D			
Common Stock 01/2				01/25	5/2024)24			F			\$26.9	4 33	,149]	D			
		Т	able II -								osed of converti				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/D	Date,	4. Transa Code (8)		5. Nun of Deriva Securi Acquii (A) or Dispos of (D) (Instr. and 5)	tive ties red sed 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Sect (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Over the second of the second	0. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	N C	Amount or Jumber of Shares					
Restricted Stocks Units	(3)	12/22/2023			M		4,106		(4)		(4)	Comm		4,106	\$0	4,106		D	

Explanation of Responses:

- 1. Represents securities withheld from the vesting of 4,106 restricted stock units on December 22, 2023.
- 2. Represents performance share units that vested on January 25, 2024.
- 3. Each restricted stock unit represents a contingent right to receive one share of AMAL stock.
- 4. On December 22, 2020, the reporting person was granted 12,316 restricted stock units, vesting in three equal annual installments beginning on the first anniversary of the grant date.

Remarks:

/s/ Sam Brown

01/29/2024

** Signature of Reporting Person 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 4 (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.