FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMEN
obligations may continue. See	
Instruction 1(b).	Filed

## NT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** 3235-0287 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 Address of Reporting Person* <u>Tenner Mandy</u>					2. Issuer Name and Ticker or Trading Symbol Amalgamated Financial Corp. [ AMAL ]										all app Direc	tor	ng Per	10% O	wner
(Last) 275 SEV	(Fi	,	Middle	e)	3. Date of Earliest Transaction (Month/Day/Year) 11/13/2023									X	Officer (give title below)  Executive VP, Ger			Other (specify below)	
(Street) NEW Y						4. If Amendment, Date of Original Filed (Month/Day/Year)								Indivine)	Form filed by More than One Reporting				
(City)	(S	ate) (a	Zip)		Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.											nded to			
		Table	1 - N	lon-Deriva	tive S	Secui	rities	Ac	quire	d, Di	sposed of	, or E	Benefici	ially	Own	ed			
1. Title of Security (Instr. 3)  2. Transactio Date (Month/Day/Y			Executi (ear) if any		emed ion Date, /Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			and 5) Se Be Ov				n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
								Ì	Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 11/13/20				11/13/20	23			S <sup>(1)</sup>		4,165	D	\$19.28	.282 <sup>(2)</sup> 14		14,949 <sup>(3)</sup>		D		
		Ta	ble II	l - Derivati (e.g., pu							oosed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exec if an	Deemed ution Date, y tth/Day/Year)		Transaction of Code (Instr. Derivati		rative rities ired r osed )	Expir	ration E		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		nt				10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

## **Explanation of Responses:**

- $1. \ The \ disposition \ reported \ in this \ Form \ 4 \ was \ effectuated \ pursuant \ to \ a \ Rule \ 10b5-1 \ trading \ plan \ adopted \ by \ the \ reporting \ person \ on \ 08/14/2023.$
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$19.42 \$19.15. The reporting person undertakes to provide to AMAL, any security holder of AMAL, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote (2) to this Form 4.
- 3. The reporting person has reported prior awards of restricted stock units in Table II of Form 4. The total reported in this Column 5 includes 13,548 unvested restricted stock units previously reported in Table II and 1,401 common stock shares purchased under the Company's Employee Stock Purchase Plan.

## Remarks:

/s/ Mandy Tenner

11/13/2023

\*\* 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.