SEC Form 3 FORM 3

## UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

## OMB APPROVAL

3235-0104

## **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 Address of Reporting Person <sup>*</sup> Stoll Scott			2. Date of E Requiring S (Month/Day 11/13/202	itatement /Year)	3. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Amalgamated Financial Corp.</u> [ AMAL ]					
(Last) 275 7TH A	(First) <mark>VENUE</mark>	(Middle)			4. Relationship of Reporting Person(s) to Issuer (Check all applicable)				5. If Amendment, Date of Original Filed (Month/Day/Year)	
(Street) NEW YORK	NY	10001			X	Director Officer (give title below)	10% Owner Other (specify below)		6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person	
(City)	(State)	(Zip)								
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Sec	curity (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. I) (D) or Indire (I) (Instr. 5)		Direct O ndirect	t Ownership (Instr. 5)			
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 Exercise	ise Form:	6. Nature of Indirect Beneficial Ownership (Instr.
		Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	5)	

Explanation of Responses:

**Remarks:** 

No securities are beneficially owned.

/s/Scott Stoll

11/29/2023

\*\* Signature of Reporting Person

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.

## OMB Number:

Date