Federal Deposit Insurance Corporation Washington, D.C. 20429

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

(PLEASE PRINT OR TYPE ALL RESPONSES)

OMB APPROVAL

Name of Reporting Perso	n (Last, First, Middle	?)*	Date of Event Requiring Statement (Month/Day/Year)	Issuer Name and Ticker or Trace	ding Symbol	
Mestrich, Keith			08/08/2018	Amalgama	ated Bank (Al	MAL)
Amalgamated Bank 275 Seventh Avenue			IRS Identification Number of Reporting Person, if an Entity (Voluntary)	Relationship of Reporting Pers applicable) Director Officer (give title below)	on to Issuer (Check a 10% Owner Other (Specif	7. Individual or Joint/Group Filing (Check Applicable Box)
City	State	ZIP Code	-			Form filed by One Reporting Person
New York	NY	10001		President and CEO		Form filed by More than One Reporting Person
			Table I - Non-Deri	vative Securities Benefici	ially Owned	
Title of Security (Instr. 4)			Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4.	Nature of Indirect Beneficial Ownership (Instr. 5)
Class A Common	Stock		800	D		

Table II - D	erivative S	Securities B	seneficially Owned (e.g., plus, calls, warran	nts, options, c	onvertible se	curities)	
Title of Derivative Security (Instr. 4)	Expiration	ercisable and on Date Day/Year)	Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Securities: Direct (D) or Indirect	Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Expiration Exercisable Date		Title	Amount or Number of shares		(I) (Instr. 5)	
Employee Stock Option (right to buy)	(1)	1/1/2025	Class A Common Stock	175,020	\$11.00	D	
Employee Stock Option (right to buy)	(2)	1/1/2026	Class A Common Stock	160,520	\$12.00	D	
Employee Stock Option (right to buy)	(3)	1/1/2027	Class A Common Stock	140,020	\$13.75	D	
Employee Stock Option (right to buy)	(4)	1/1/2028	Class A Common Stock	144,560	\$14.65	D	
Explanation of Responses: (1) This option vests in three equal annual (2) This option vests in three equal annual (3) This option vests in three equal annual (4) This option vests in three equal annual	installmei installmei	nts beginnir nts beginnir	ng January 1, 2017. ng January 1, 2018.	1		1	ı
(5) By: Mandy Tenner pursuant to power	of attorne	y filed here	with /s/ Keith Mestrich	(5)			8/8/2018
			**Signature of F	Reporting Person		-	Data

BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 1.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to, the Paper Reduction Act Clearance Officer, Legal Division, Federal Deposit Insurance Corporation, 550 17th St. NW, Washington, D.C. 20429; and to the Office of Management and Budget, Paperwork Reduction Project (3064-0030), Washington, D.C. 20503. An agency may not conduct or sponsor, and a person is not required to respond to, a collection unless it displays a currently valid OMB control.

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OMB APPROVAL

Name of Reporting Person	(Last, First, M	liddle)*			Date of Event Requiring Statement (Month/Day/Year)	4. Is	suer Name and Ticker or Trac	ding Symbol		
LaBenne, Andrew Street Address					08/08/2018		Amalgama	ted Bank	(AMAL)	
Amalgamated Ban 275 Seventh Avenu	k				IRS Identification Number of Reporting Person, if an Entity (Voluntary)		Relationship of Reporting Pers applicable) Director	son to Issuer (Ch	eck all vner	If Amendment, Date Original Filed (Month/Day/Year) Individual or Joint/Group Filing (Check Applicable Box)
City New York	Stat NY		ZIP Code 10001	_		_	Officer (give title below) Exec. VP & CFO	Other (S	Specify below)	Form filed by One Reporting Person Form filed by More than One Reporting Person
					Table I - Non-Deri	ivati	ve Securities Benefici	ally Owned		
Title of Security (Instr. 4)					Amount of Securities Beneficially Owned (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of I (Instr. 5)	Indirect Beneficial Ownership
Class A Common S	Stock				500		D			

Table II - D	erivative S	Securities B	eneficially Owned (e.g., plus, calls, warrar	nts, options, c	onvertible se	curities)	
Title of Derivative Security (Instr. 4)	Expiration	ercisable and on Date Day/Year)	Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Securities: Direct (D) or Indirect	Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Expiration Exercisable Date		Title	Amount or Number of shares		(I) (Instr. 5)	
Employee Stock Option (right to buy)	(1)	1/1/2025	Class A Common Stock	140,020	\$11.00	D	
Employee Stock Option (right to buy)	(2)	1/1/2026	Class A Common Stock	128,420	\$12.00	D	
Employee Stock Option (right to buy)	(3)	1/1/2027	Class A Common Stock	112,020	\$13.75	D	
Employee Stock Option (right to buy)	(4)	1/1/2028	Class A Common Stock	52,580	\$14.65	D	
Explanation of Responses: (1) This option vests in three equal annual (2) This option vests in three equal annual (3) This option vests in three equal annual (4) This option vests in three equal annual (5) By: Mandy Tenner pursuant to power	installmer installmer installmer	nts beginnir nts beginnir nts beginnir	ng January 1, 2017. ng January 1, 2018. ng January 1, 2019.	ne (5)			8/8/2018
			**Signature of F	Reporting Person		-	Date

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Name of Reporting Person	(Last, First, I	Middle)*			Date of Event Requiring Statement (Month/Day/Year)	4. Is	suer Name and Ticker or Trac	ding Symbol		
Murrell, Martin					08/08/2018		Amalgama	ted Bank	(AMAL)	
Street Address Amalgamated Ban 275 Seventh Avenu				3. I	RS Identification Number of Reporting Person, if an Entity (Voluntary)		Relationship of Reporting Pers applicable) Director	on to Issuer (Che	eck all ner	If Amendment, Date Original Filed (Month/Day/Year) Individual or Joint/Group Filing (Check Applicable Box)
City New York		ate Y	ZIP Code 10001	-		_	Officer (give title below) Exec. VP & COO	Other (S	Specify below)	Form filed by One Reporting Person Form filed by More than One Reporting Person
					Table I - Non-Deri	vati	ve Securities Benefici	ally Owned		
Title of Security (Instr. 4)					Amount of Securities Beneficially Owned (Instr. 4)		Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of I	Indirect Beneficial Ownership
No securities are b	eneficia	lly ov	vned							

Title of Derivative Security	2. Date Exe	rcisable and	3. Title and Amount of Securities Underlying Derivative	4. Conversion	5. Ownership	Nature of Indirect	
(Instr. 4)	Expiratio	Expiration Date Security (Instr. 4) (Month/Day/Year)		or Exercise Price of Derivative Security	Form of Derivative Securities: Direct (D) or Indirect	Beneficial Ownership (Instr. 5)	
	Date Exercisable	Expiration Date	Title	Amount or Number of shares		(I) (Instr. 5)	
Employee Stock Option (right to buy)	(1)	1/1/2026	Class A Common Stock	48,160	\$12.00	D	
Employee Stock Option (right to buy)	(2)	1/1/2027	Class A Common Stock	42,020	\$13.75	D	
Employee Stock Option (right to buy)	(3)	1/1/2028	Class A Common Stock	39,440	\$14.65	D	
Explanation of Responses:	1		I		ı		
(1) This option vests in three equal annual i(2) This option vests in three equal annual i		_	~ .				

- (3) This option vests in three equal annual installments beginning January 1, 2019.
- (4) By: Mandy Tenner pursuant to power of attorney filed herewith

/s/ Martin Murrell (4)	8/8/2018
**Signature of Reporting Person	Date

BURDEN STATEMENT

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Name of Reporting Person (Last, First, Middle)*	Date of Event Requiring Statement (Month/Day/Year)	Issuer Name and Ticker or Trading Symbol				
Darby, Jason	08/08/2018	Amalgamated Bank ((AMAL)			
Amalgamated Bank 275 Seventh Avenue	IRS Identification Number of Reporting Person, if an Entity (Voluntary)	5. Relationship of Reporting Person to Issuer (Che applicable) Director 10% Owr	7. Individual or Joint/Group Filing (Check Applicable Box)			
City State ZIP Code		Officer (give title below) Other (Sp Exec. VP and Chief	Form filed by One Reporting Person Form filed by More than One Reporting Person			
New York NY 10001		Accounting Officer				
		vative Securities Beneficially Owned				
Title of Security (Instr. 4)	Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	Nature of Indirect Beneficial Ownership (Instr. 5)			
No securities are beneficially owned						

Table II - Derivative Securities Beneficially Owned (e.g., plus, calls, warrants, options, convertible securities)											
Title of Derivative Security (Instr. 4)	2. Date Exe Expiration (Month/D		Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Securities: Direct (D) or Indirect	Nature of Indirect Beneficial Ownership (Instr. 5)					
	Date Exercisable	Expiration Date	Title	Amount or Number of shares		(I) (Instr. 5)					
Employee Stock Option (right to buy)	(1)	1/1/2026	Class A Common Stock	21,660	\$12.00	D					
Employee Stock Option (right to buy)	(2)	1/1/2027	Class A Common Stock	18,920	\$13.75	D					
Employee Stock Option (right to buy)	(3)	1/1/2028	Class A Common Stock	18,920	\$14.65	D					
Evaluation of Responses:		•									

- (1) This option vests in three equal annual installments beginning January 1. 2017.
- (2) This option vests in three equal annual installments beginning January 1, 2018.
- (3) This option vests in three equal annual installments beginning January 1, 2019.
- (4) By: Mandy Tenner pursuant to power of attorney filed herewith

y Dy. Manay Temier pursuant to power of autorney med nerewith	/s/ Jason Darby (4)	8/8/2018
	**Signature of Reporting Person	. Date

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Name of Reporting Person	(Last, First, Middle)*	•	Date of Event Requiring Statement (Month/Day/Year)	4. Iss	suer Name and Ticker or Trad	ding Symbol				
Brown, Sam			08/08/2018		Amalgama	ted Bank	(AMAL)			
Amalgamated Bank 275 Seventh Avenue			IRS Identification Number of Reporting Person, if an Entity (Voluntary)		telationship of Reporting Pers spplicable) Director Officer (give title below)	10% Ow		If Amendment, Date Original Filed (Month/Day/Year) Individual or Joint/Group Filing (Check Applicable Box)		
City	State	ZIP Code		Exe	ec. VP – Director	Other (c	pecify below)	Form filed by One Reporting Person Form filed by More than One Reporting Person		
New York	NY	10001			nmercial Banking					
				ivativ	e Securities Beneficia	ally Owned				
1. Title of Security (Instr. 4)			Amount of Securities Beneficially Owned (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of I (Instr. 5)	ndirect Beneficial Ownership		
No securities are b	eneficially o	wned								

Employee Stock Option (right to buy)	Date Exercisable	Expiration		Title and Amount of Securities Underlying Derivative Security (Instr. 4)			
		Date	Title	Amount or Number of shares		(I) (Instr. 5)	
	(1)	1/1/2025	Class A Common Stock	42,000	\$11.00	D	
Employee Stock Option (right to buy)	(2)	1/1/2026	Class A Common Stock	38,520	\$12.00	D	
Employee Stock Option (right to buy)	(3)	1/1/2027	Class A Common Stock	33,620	\$13.75	D	
Employee Stock Option (right to buy)	(4)	1/1/2028	Class A Common Stock	31,520	\$14.65	D	
Explanation of Responses: (1) This option vests in three equal annual if (2) This option vests in three equal annual if (3) This option vests in three equal annual if (4) This option vests in three equal annual if (5) By: Mandy Tenner pursuant to power of	installmer installmer installmer	nts beginnin nts beginnin nts beginnin	g January 1, 2017. g January 1, 2018. g January 1, 2019.	5)			8/8/2018
NOTE: File three copies of this Form, one of which must be			**Signature of Re			-	Date

Table II - Derivative Securities Beneficially Owned (e.g., plus, calls, warrants, options, convertible securities)

BURDEN STATEMENT

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**Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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1. Name of Reporting Person (Last, First, Middle)*	Date of Event Requiring Statement (Month/Day/Year)	Issuer Name and Ticker or Trading Symbol	
Lubkemann, Jamee	08/08/2018	Amalgamated Banl	k (AMAL)
Street Address		Relationship of Reporting Person to Issuer (Capplicable)	6. If Amendment, Date Original Filed (Month/Day/Year)
Amalgamated Bank	(Director 10% C	Owner
275 Seventh Avenue		Officer (give title below) Other	7. Individual or Joint/Group Filing (Check Applicable Box) (Specify below) Form filed by One Reporting Person
City State ZIP Code		T. 170.0 D.	Form filed by More than One Reporting Person
New York NY 10001		Exec. VP & Director	To this linear by whole that one responsing reason
New Tolk N1 10001		– Consumer Banking	
		vative Securities Beneficially Owner	
1. Title of Security (Instr. 4)	Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	Nature of Indirect Beneficial Ownership (Instr. 5)
No securities are beneficially owned			

Table II - Derivative Securities Beneficially Owned (e.g., plus, calls, warrants, options, convertible securities)								
Title of Derivative Security (Instr. 4)	2. Date Exe Expiration (Month/D		Title and Amount of Securities Underlying Derivative Security (Instr. 4)		Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Securities: Direct (D) or Indirect	Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Exercisable	Expiration Date	Title	Amount or Number of shares		(I) (Instr. 5)		
Employee Stock Option (right to buy)	(1)	1/1/2028	Class A Common Stock	28,920	\$14.65	D		
Explanation of Responses:	•							
(1) This option vests in three equal annual in (2) By: Mandy Tenner pursuant to power of								

/s/ Jamee Lubkemann (2)	8/8/2018
**Signature of Reporting Person	Date

BURDEN STATEMENT

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Name of Reporting Person ((Last, First, Middle)*		Date of Event Requiring Statement (Month/Day/Year)	Issuer Name and Ticker or Tra	iding Symbol		
Pappas, Mark			08/08/2018	Amalgama	ated Bank (Al	MAL)	
Amalgamated Bank 275 Seventh Avenue			IRS Identification Number of Reporting Person, if an Entity (Voluntary)	Relationship of Reporting Per- applicable) Director	son to Issuer (Check a	all -	 If Amendment, Date Original Filed (Month/Day/Year) Individual or Joint/Group Filing (Check Applicable Box)
City	State	ZIP Code		Officer (give title below) Exec. VP & Chief	Other (Specif	ify below)	Form filed by One Reporting Person Form filed by More than One Reporting Person
New York	NY	10001		Risk Officer			
				vative Securities Benefic			
Title of Security (Instr. 4)			Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4.	Nature of Ind (Instr. 5)	direct Beneficial Ownership
No securities are be	eneficially ov	wned					

Table II - Derivative Securities Beneficially Owned (e.g., plus, calls, warrants, options, convertible securities)									
Title of Derivative Security (Instr. 4)	Expiratio	ercisable and n Date Day/Year)	Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Securities: Direct (D) or Indirect	Nature of Indirect Beneficial Ownership (Instr. 5)		
	Date Exercisable	Expiration Date	Title	Amount or Number of shares		(I) (Instr. 5)			
Employee Stock Option (right to buy)	(1)	1/1/2026	Class A Common Stock	8020	\$12.00	D			
Employee Stock Option (right to buy)	(2)	1/1/2027	Class A Common Stock	28,720	\$13.75	D			
Employee Stock Option (right to buy)	(3)	1/1/2028	Class A Common Stock	26,940	\$14.65	D			
Explanation of Responses:									

- (1) This option vests in three equal annual installments beginning January 1, 2017.
- (2) This option vests in three equal annual installments beginning January 1, 2018.
- (3) This option vests in three equal annual installments beginning January 1, 2019.
- (4) By: Mandy Tenner pursuant to power of attorney filed herewith

by. Manay Telmer pursuant to power of accorney fred herewith	/s/ Mark Pappas (4)	8/8/2018
	**Signature of Reporting Person	Date

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Paul, James			08/08/2018	Amalgama	ted Bank (AMAL)		
Amalgamated Bank 275 Seventh Avenue			IRS Identification Number of Reporting Person, if an Entity (Voluntary)	Relationship of Reporting Pers applicable) Director	on to Issuer (Check all	6. If Amendment, Date Original Filed (Month/Day/Year)	
City State ZIP Code		ZIP Code		Officer (give title below)	Other (Specify below)	7. Individual or Joint/Group Filing (Check Applicable Box) Form filed by One Reporting Person	
New York	NY	10001		Exec. VP & Chief		Form filed by More than One Reporting Person	
THEW TOTA	14.1	10001		Administrative Officer	alle Coma ad		
				vative Securities Benefici			
Title of Security (Instr. 4)			Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)		
No securities are l	oeneficially o	wned					

1. Title of Derivative Security

(Instr. 4)	Expiration Date (Month/Day/Year)		Security (Instr. 4)		or Exercise Price of Derivative Security	Form of Derivative Securities: Direct (D) or Indirect (I) (Instr. 5)	Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date Title Amount or Number of shares					
Employee Stock Option (right to buy)	(1)	1/1/2025	Class A Common Stock	42,000	\$11.00	D	
Employee Stock Option (right to buy)	(2)	1/1/2026	Class A Common Stock	38,520	\$12.00	D	
Employee Stock Option (right to buy)	(3)	1/1/2027	Class A Common Stock	33,620	\$13.75	D	
Employee Stock Option (right to buy)	(4)	1/1/2028	Class A Common Stock	31,520	\$14.65	D	
Explanation of Responses: (1) This option vests in three equal annual (2) This option vests in three equal annual (3) This option vests in three equal annual (3)	installmer	nts beginnin	g January 1, 2017.	•			
(4) This option vests in three equal annual(5) By: Mandy Tenner pursuant to power of		_	- · · · · · · · · · · · · · · · · · · ·	ul (5)			8/8/2018
			**Signature o	of Reporting Person		_	Date

Table II - Derivative Securities Beneficially Owned (e.g., plus, calls, warrants, options, convertible securities)

4. Conversion 5. Ownership 6. Nature of Indirect

Date

2. Date Exercisable and 3. Title and Amount of Securities Underlying Derivative

BURDEN STATEMENT

NOTE: File three copies of this Form, one of which must be manually signed. If the space provided is insufficient, see Instruction 6 for procedure (12 C.F.R. 335.611).

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1. Name of Reporting Person (La	ast, First, Middle)*		Date of Event Requiring Statement (Month/Day/Year)	4. Is	ssuer Name and Ticker or Trac	ding Symbol		
Prusan, Arthur			08/08/2018		Amalgama	ted Bank	(AMAL)	
Amalgamated Bank 275 Seventh Avenue		IRS Identification Number of Reporting Person, if an Entity (Voluntary)		Relationship of Reporting Pers applicable) Director	on to Issuer (Che	eck all vner	If Amendment, Date Original Filed (Month/Day/Year) Individual or Joint/Group Filing (Check Applicable Box)	
City New York	State NY	ZIP Code 10001		Ex	officer (give title below) ecc. VP and Chief edit Risk Officer	Other (S	Specify below)	Form filed by One Reporting Person Form filed by More than One Reporting Person
			Table I - Non-Der	rivati	ve Securities Benefici	ally Owned		
1. Title of Security (Instr. 4)			Amount of Securities Beneficially Owned (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of I (Instr. 5)	ndirect Beneficial Ownership
No securities are bei	neficially ov	vned						

Table II - Derivative Securities Beneficially Owned (e.g., plus, calls, warrants, options, convertible securities)								
Title of Derivative Security (Instr. 4)	2. Date Exe Expiration (Month/D	n Date	Title and Amount of Securities Underlying Derivative Security (Instr. 4)	Security (Instr. 4)		5. Ownership Form of Derivative Securities: Direct (D) or Indirect (I) (Instr. 5)	Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Exercisable	Expiration Date	Titlo		Amount or Number of shares			
Explanation of Responses: (1) By: Mandy Tenner pursuant to power of	f attorney	filed herev	vith					
			/s/ Arthur Prusan (1)			8/8/2018	
NOTE: File three copies of this Form, one of which must be		1. 16 %	**Signature of Re	-		-	Date	

BURDEN STATEMENT

Potential persons who are to respond to the collection of information contained on this form are not required to respond unless the form displays a current, valid OMB Control Number.

**Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Public reporting burden for this collection of information is estimated to average 1.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to, the Paper Reduction Act Clearance Officer, Legal Division, Federal Deposit Insurance Corporation, 550 17th St. NW, Washington, D.C. 20429; and to the Office of Management and Budget, Paperwork Reduction Project (3064-0030), Washington, D.C. 20503. An agency may not conduct or sponsor, and a person is not required to respond to, a collection unless it displays a currently valid OMB control.

Federal Deposit Insurance Corporation Washington, D.C. 20429

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

(PLEASE PRINT OR TYPE ALL RESPONSES)

OMB APPROVAL

1. Name of Reporting Person (Last, First, Middle)*	2. [Date of Event Requiring Statement (Month/Day/Year)	Issuer Name and Ticker or Trad	ing Symbol		
Silodor, Deborah Street Address		08/08/2018	Amalgama	ted Bank (AMAL		
Amalgamated Bank 275 Seventh Avenue		 IRS Identification Number of Reporting Person, if an Entity (Voluntary) 	5. Relationship of Reporting Person applicable) Director Officer (give title below)	on to Issuer (Check all 10% Owner Other (Specify below	If Amendment, Date Original Filed (Month/Day/Year) Individual or Joint/Group Filing (Check Applicable Box)	
City State Z	IP Code		Executive VP &	Other (Specify below	Form filed by One Reporting Person Form filed by More than One Reporting Person	
New York NY 1	.0001		General Counsel			
		Table I - Non-Deriv	ative Securities Beneficia	ally Owned		
Title of Security (Instr. 4)		Amount of Securities Beneficially Owned (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	o) or Indirect (I) (Instr. 5)		
No securities are beneficially own	ed					

Title of Derivative Security (Instr. 4)	2. Date Exe Expiratio (Month/D	n Date	Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Securities: Direct (D) or Indirect	Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Expiration Exercisable Date		Amount or Title Number of shares			(I) (Instr. 5)	
Employee Stock Option (right to buy)	(1)	1/1/2025	Class A Common Stock	42,000	\$11.00	D	
Employee Stock Option (right to buy)	(2)	1/1/2026	Class A Common Stock	38,520	\$12.00	D	
Employee Stock Option (right to buy)	(3)	1/1/2027	Class A Common Stock	33,620	\$13.75	D	
Employee Stock Option (right to buy)	(4)	1/1/2028	Class A Common Stock	31,520	\$14.65	D	
Explanation of Responses: (1) This option vests in three equal annual (2) This option vests in three equal annual (3) This option vests in three equal annual (4) This option vests in three equal annual	installmer installmer	nts beginnin nts beginnin	g January 1, 2017. g January 1, 2018.				

Table II - Derivative Securities Beneficially Owned (e.g., plus, calls, warrants, options, convertible securities)

NOTE: File three copies of this Form, one of which must be manually signed. If the space provided is insufficient, see Instruction 6 for procedure (12 C.F.R. 335.611). Potential persons who are to respond to the collection of information contained on this form are not required to respond unless the form displays a current, valid OMB Control Number. **Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

(5) By: Mandy Tenner pursuant to power of attorney filed herewith

BURDEN STATEMENT

/s/ Deborah Silodor (5)

**Signature of Reporting Person

8/8/2018

Date

Public reporting burden for this collection of information is estimated to average 1.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to, the Paper Reduction Act Clearance Officer, Legal Division, Federal Deposit Insurance Corporation, 550 17th St. NW, Washington, D.C. 20429; and to the Office of Management and Budget, Paperwork Reduction Project (3064-0030), Washington, D.C. 20503. An agency may not conduct or sponsor, and a person is not required to respond to, a collection unless it displays a currently valid OMB control.