### FORM 4

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

☐ 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.

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden

hours per response... 0.5

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 *					2. I	2. Issuer Name <b>and</b> Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
KORZEKWINSKI FRANCIS W					FI l	FLUSHING FINANCIAL CORP [ FFIC								Director	oncable)	10%	o Owner	
(Last) (First) (Middle)				3. 1	3. Date of Earliest Transaction (MM/DD/YYYY)								_X_ Officer (give title below) Other (specify below) SEVP					
220 RXR PLAZA						5/17/2024												
(Street)					4. 1	4. If Amendment, Date Original Filed (MM/DD/YYYY)							Y) 6.	6. Individual or Joint/Group Filing (Check Applicable Line)				
UNIONDALE, NY 11556  (City) (State) (Zip)						-							_2	X _ Form filed by One Reporting Person Form filed by More than One Reporting Person				
			Table	I - No	n-Der	ivati	ve Sec	urities Ac	quir	ed, Dis	posed o	f, or F	Benefi	cially Owne	d			
1.Title of Security (Instr. 3) 2. Trans. D				Execution Date, if any		3. Trans. Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Foll	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	V	Amount	(A) or (D)	Price					(I) (Instr. 4)	
Common Stock 5/17/202				2024			I		3,700	D	\$13.24	<u>(1)</u>			98,115	I	401k (2)	
Common Stock															68,642	D		
	Tabl	le II - Der	ivativ	e Secu	rities	Bene	eficially	Owned (	e.g.,	, puts, c	alls, wa	rrant	s, opt	ions, conver	tible secu	ırities)		
1. Title of Derivate Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  3. Trans. Date Execution Date, if an			ion (	4. Trans. Instr. 8)	B) Derivati Acquire Dispose		ve Securities ad (A) or d of (D), 4 and 5)		Date Exercisable d Expiration Date		7. Title and Securities U Derivative S (Instr. 3 and		nderlying ecurity 4) Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported	Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	V	(A)	(D)	Dat Exe	te ercisable	Expiration Date		Amoun Shares	t or Number of		Transaction(s) (Instr. 4)	(I) (Instr. 4)	

#### **Explanation of Responses:**

- (1) All shares sold at \$13.24.
- (2) Shares held in Flushing Bank 401k a/o 5/20/24.

#### **Reporting Owners**

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner		Other			
KORZEKWINSKI FRANCIS W							
220 RXR PLAZA			SEVP				
UNIONDALE, NY 11556							

#### **Signatures**

Signed by Russell A. Fleishman under POA by Francis W. Korzekwinski

5/21/2024

\*\*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 control number.