☐ 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 *													5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
KORZEKW	'INSKI	FRANC	IS W		FL l	US	HING	FINA	ANC	CIA	AL C	ORP	FFI		Director	,	10%	0% Owner Other (specify belged) Grant (Specify belged	
(Last) (First) (Middle)				3. Date of Earliest Transaction (MM/DD/YYYY)								_X_ Officer (give title below) Other (specify below) Sr. EVP							
220 RXR PLAZA						2/28/2024													
	(St	treet)			4. If	f Am	iendme	nt, Date	Orig	ina	al Fileo	d (MM/DI	D/YYY	Y)	6. Individual c	or Joint/G	roup Filing	(Check Appl	licable Line)
UNIONDAL	NIONDALE, NY 11556												_X_Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip)												1 of the field by More than one reporting reason							
			Table	I - Non-	-Deri	ivati	ve Seci	ırities A	cqui	ired	d, Dis _l	posed of	f, or I	Bene	eficially Owne	d			
1.Title of Security (Instr. 3)		2. Tı			1	e 2A. Deemed Execution Date, if any		3. Trans. Cod (Instr. 8)		4. Securities Acqu or Disposed of (D (Instr. 3, 4 and 5)		Follo		Amount of Securities Beneficially Owned bllowing Reported Transaction(s) astr. 3 and 4)			Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	V	7 1	Amount	(A) or (D)	Price					(I) (Instr.	(IIISII. 4)
Common Stock				2/28/202	24			S		7	7,649 <u>(1</u>) D	\$12.6	1			73,493	D	
Common Stock				2/29/202	24			S		4	4,851 (2)	D	\$13.0	4			68,642	D	
Common Stock																	103,517 (3)	I	401K
	Ta	ıble II - D	erivative	Securi	ties I	Bene	eficially	Owned	l (<i>e.g</i> .	., p	outs, c	alls, wa	rrant	s, op	ptions, conver	tible seci	urities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		Execution	A. Deemed kecution ate, if any		Code	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			6. Date Exercisable and Expiration Date			7. Title and Securities U Derivative S (Instr. 3 and		Jnderlying Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported		11. Nature of Indirect Beneficial Ownership (Instr. 4)
				C	Code	V	(A)	(D)	- 1	ate xerci	isable l	Expiration Date	Title	Amou Share	unt or Number of		Transaction(s) (Instr. 4)		

Explanation of Responses:

- (1) Shares sold at \$12.61 weighted average price.
- (2) Shares sold at \$13.04 weighted average price.
- (3) Shares held in Flushing Bank 401K Plan as of 2/29/2024.

Reporting Owners

reporting owners											
Remarking Orymon Name / Address	Relationships										
Reporting Owner Name / Address	Director	10% Owner	Officer	Other							
KORZEKWINSKI FRANCIS W											
220 RXR PLAZA			Sr. EVP								
UNIONDALE, NY 11556											

Signatures

Signed by Russell A. Fleishman under Power of Attorney by Francis W. Korzekwinski.

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.