☐ 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.	2. Issuer Name <b>and</b> Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
Ringold N	Micha	ael			F	LUS	HINO	G FINAI	NCI	IAL C	ORP	FFI	` .	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Bingold Michael					1								Director				
	(Last)	(First)	) (M	iddle)	3.	Date	of Earl	iest Transa	ctio	n (MM/I	DD/YYYY	)	_X_ Officer (gi	ve title belo	w)Ot	her (specify	below)
220 RXR	R PLA	ZA						1/3	0/20	024							
		(Stree	et)		4.	If An	nendme	nt, Date O	rigir	nal File	d (MM/DI	D/YYYY	6. Individual	or Joint/G	roup Filing	(Check Appl	icable Line)
UNIONDALE, NY 11556					-								X_Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip)											roim med by						
				Table I	- Non-De	rivat	ive Sec	urities Acc	quir	ed, Dis	posed o	f, or B	eneficially Owne	ed			
1.Title of Secur (Instr. 3)	rity	у			. Trans. Date	2A. Deemed Execution Date, if any		3. Trans. Co (Instr. 8)	ode	e 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Following Reported Transaction(s)  (Instr. 3 and 4)  Ownership Form: Benefic Direct (D) Ownership			Beneficial Ownership	
								Code	v	Amoun	(A) or (D)	Price				(I) (Instr. 4)	(Instr. 4)
Common Stoc	ck				1/30/2024			F		399 (1	). <b>D</b>	\$17.29			52,687	D	
Common Stock				1/31/2024			F		217 (1	). <b>D</b>	\$17.45			52,470	D		
Common Stoc	ck														5,336 (2)	I	401k
		Tab	le II - Dei	rivative S	Securities	Bene	eficially	Owned (	e.g.,	puts, c	alls, wa	rrants	, options, conve	tible sec	urities)		
1. Title of Deri Security (Instr. 3)	O O P D	Conversion r Exercise trice of Derivative decurity	Date Ex	3A. Deem Execution Date, if an	(Instr. 8		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		and	6. Date Exercisable and Expiration Date  Date Expiration			and Amount of es Underlying ive Security and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	V	(A)	(D)		rcisable	Date	litle S	hares		(Instr. 4)	(1) (IIISII. 4)	

## **Explanation of Responses:**

- (1) Shares withheld to satisfy taxes upon vesting.
- (2) Shares held in Flushing Bank 401k as of 1/25/2024.

## Reporting Owners

Reporting Owners										
D N / A d d	Relationships									
Reporting Owner Name / Address	Director	10% Owner	Officer	Other						
Bingold Michael										
220 RXR PLAZA			Sr. EVP							
UNIONDALE, NY 11556										

## **Signatures**

Signed by Russell A. Fleishman under Power of Attorney by Michael Bingold

2/2/2024

\*\*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.