FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.	C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

OMB APPROVAL									
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     O'Connor Aaron J					2. Issuer Name and Ticker or Trading Symbol BankFinancial CORP [ BFIN ]										all app Direc	,	Ü	10% O	wner	
(Last)	`	rst) (I	Middle)		3. Da 02/2	Trans	action (	Month	/Day/Year)				below	<i>(</i> )	X Other (below)  - Affiliate		Specify			
(Street) BURR R (City)			50527		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Y								6. Indiv Line) X	,					
(Oily)	(City) (State) (Zip)  Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Date			2. Transact	ion 2A. E Exec		A. Deemed xecution Date,		3. 4. Transaction Di		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		or	5. Amo Securit Benefic	Amount of curities neficially ned Following		n: Direct or Indirect ostr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) o (D)	r Pri	ce		ted action(s) 3 and 4)			(Instr. 4)	
Common Stock 02/2				02/22/2	:023				P		1,000	A	\$1	.0.325	.325 2,527.9			I	Health Savings Account	
		Tal	ble II -								osed of, convertib				Owned	d				
1. Title of Derivative Security (Instr. 3)	ative Conversion Date Execution Date, if any		tion Date,	4. Transaction Code (Instr. 8)		of Deriv	r osed ) r. 3, 4	Expiration D. (Month/Day/		ate	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Der Sed (Ins	rice of ivative curity ctr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)		
					Code V		(A)	(D)	Date Exercis	sable	Expiration Date	Amou or Numb of Title Share		er						

**Explanation of Responses:** 

/s/ F. Morgan Gasior, pursuant to power of attorney

02/24/2023

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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 Number.