FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

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

	of Section 30(ii) of the investment Company Act of 1940											
1. Name and Address of Reporting Person*  CALABRESE CHRISTA N  2. Date of Event Requiring Statem (Month/Day/Year 04/15/2005			nent	3. Issuer Name and Ticker or Trading Symbol BankFinancial CORP [ BFIN ]								
(Last) (First) (Middle) 15W060 NORTH FRONTAGE ROAD				Relationship of Reporting Pers (Check all applicable)     Director		10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)				
(Street) BURR RIDGE	IL	60527			X	Officer (give title below) Regional President -	Other (specify below)  - Affiliate		6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)						int of Securities ially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common stock						0	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4)  2. Date Exercisab Expiration Date (Month/Day/Year)			ate	and 3. Title and Amount of Securitie Underlying Derivative Security		y (Instr. 4) Conve		ersion ercise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiration Date	n Title	,	Amount or Number of Shares	Price of Derivation	tive	Direct (D) or Indirect (I) (Instr. 5)		

**Explanation of Responses:** 

/s/ Edward A. Quint, pursuant 04/15/2005 to power of attorney

\*\* Signature of Reporting Person

Date

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

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

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