FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

	OMB APPROVAL							
	OMB Number: 3235-0104 Estimated average burden							
	hours per response							

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* Smith Patricia 2. Date of Event Requiring Statement (Month/Day/Year) 04/15/2005			nent	3. Issuer Name and Ticker or Trading Symbol BankFinancial CORP [BFIN]						
(Last) 15W060 No	(First) ORTH FRONT	(Middle)			Relationship of Reporting Perso (Check all applicable) Director	10% Owne	r (M	5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) BURR RIDGE	IL	60527			X Officer (give title below) EVP	Other (spe below)	Ap	plicable Line) $old X$ Form filed b	t/Group Filing (Check y One Reporting Person y More than One erson	
(City)	(State)	(Zip)								
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)					. Amount of Securities seneficially Owned (Instr. 4)			l. 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 Exercisable a Expiration Date (Month/Day/Year)			ate	Underlying Derivative Security (Instr. 4) Conve		Conversion or Exercise	Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiration Date	n Title	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

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

04/15/2005

** 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.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5 (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).