FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, I	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per response:								

	ction 1(b).			Filed							ies Exchang mpany Act o		1934			nours	per re	esponse:	0.5
Name and Address of Reporting Person* O'Connor Aaron J						2. Issuer Name and Ticker or Trading Symbol BankFinancial CORP [BFIN]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last)	(F	irst) (I	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 02/08/2024								\neg	Λ		er (give title		Other (s	
60 NORTH FRONTAGE ROAD				4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) BURR RIDGE IL 60527														X	X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S	tate) (2	Zip)		Rule 10b5-1(c) Transaction Indication														
Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.												an that is inter	nded to						
		Table	l - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or B	enefi	cially	Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Execut		ution I	Date,			4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			4 and Securi Benefi		ties cially Following	Forn (D) c	m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) oi (D)	Pric	e	Transa	saction(s) r. 3 and 4)			(111501. 4)
Common	Stock			02/08/2	2024				P		1,000	A	\$10.38 1,000 D				D		
Common Stock														3,15	3.431(1)		I	Health Savings Account	
		Та	ble II -								osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security (Instr. 3) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)				tion Date,	4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) o Dispo	r osed) r. 3, 4	6. Date Expirati (Month/	ion Da		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Der Sec (Ins	rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisabl		Expiration Date		Amoun or Numbe of Shares	or					

Explanation of Responses:

1. Reflects shares acquired through the dividend reinvestment plan, which transactions are not required to be reported.

/s/ F. Morgan Gasior, pursuant

02/12/2024

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.

- * 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.