SEC Form 3

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 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* 2. Date of Event Requiring Statemen (Month/Day/Year) 04/15/2005			3. Issuer Name and Ticker or Trading Symbol BankFinancial CORP [BFIN]						
(Last) (First) (Middle) 15W060 NORTH FRONTAGE ROAD			4. Relationship o Check all applic X Director			5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street) BURR RIDGE IL 60527 (City) (State) (Zip)			Officer (below)	give title	Other (spe below)		Applicable Line) X Form filed b	t/Group Filing (Check ny One Reporting Person ny More than One Person	
Table I - Non-Derivative Securities Beneficially Owned									
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4)				4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common stock			0	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 Exercisate Expiration Date (Month/Day/Year)			3. Title and Amount of Securit Underlying Derivative Securit			4. Convers or Exerc Price of	ise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
Explanation of Responses:	Date Ex Exercisable Da	piration te	Title		Amount or Number of Shares	Derivativ Security			

/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.

* 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).

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.