## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

|  | Washington, | D.C. | 20549 |
|--|-------------|------|-------|
|--|-------------|------|-------|

| Check this box if no longer subject to |
|--|
| Section 16. Form 4 or Form 5           |
| obligations may continue. See          |
| Instruction 1(b).                      |

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPR             | ROVAL     |
|----------------------|-----------|
| OMB Number:          | 3235-0287 |
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| hours ner response:  | 0.5       |

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

| l   | nd Address of<br><u>John G</u>  | Reporting Person*                          |  |                               | 2. Issuer Name and Ticker or Trading Symbol BankFinancial CORP [ BFIN ]  5. Relationship of Report (Check all applicable) Director |                 |  |  |  |   |  |   | 10% Owner  |  |  |  |   |     |  |
|---|---|--|--|-------------------------------|--|-----------------|--|--|--|---|--|---|--|--|--|--|---|-----|--|
| (Last) (First) (Middle) 15W060 NORTH FRONTAGE ROAD  |   |  |  |                               |  | Date of 1/15/2  |  | iest Trans   | saction (  | Month   | n/Day/Year)  |   | X Officer (give title Other (specify below)  President - Affiliate |  |  |  |   |     |  |
| (Street)  | NIDGE II  |  | 60527                                      |                               | 4.   | If Ame          | ndme   | nt, Date o   | of Original Filed (Month/Day/Year)                             |   |  |   |  | ne)<br>X Form f  | iled by O                                    | up Filing (Check Appli<br>ne Reporting Person<br>ore than One Reporti    |   | son |  |
| (City)  | (S  | state)                                     | (Zip)                                      |                               |  |                 |  |  |  |   |  |   |  | Person   |  |  |   |     |  |
|   |   | Tab  | ole I - N                                  | on-Deri                       | vativ  | e Se            | curit  | ies Ac   | quired   | l, Di   | sposed o   | f, or Be  | neficia  | lly Owned  |  |  |   |     |  |
| 1. Title of   | Security (Ins   | tr. 3)                                     |  | 2. Transa<br>Date<br>(Month/E |  | Execution Date, |  | 3. 4. Securitie:<br>Disposed O<br>Code (Instr. 8) 5) |  | es Acquired (A) or<br>Of (D) (Instr. 3, 4 and |  | 5. Amount of<br>Securities<br>Beneficially<br>Owned Following |  | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)  |  | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership                      |   |     |  |
|   |   |  |  |                               |  |                 |  | Code   | v  | Amount  | nount (A) or Pric  |   | Reported<br>Transactio<br>(Instr. 3 an                             |  |  |  | (Instr. 4)  |     |  |
| Common  | Stock   |  |  | 02/15                         | /2017  | 017             |  |  | М  |   | 70,834   | 4 A   | \$11.9   | 9 120,79   | 9.686  | D  |   |     |  |
| Common Stock  |   | 02/15/2017                                 |  |                               |  |                 | F  |  | 63,601   | D   | \$14.6   | 8 57,198  | 3.686  | D  |  |  |   |     |  |
| Common Stock  |   |  |  |                               |  |                 |  |  |  |   |  | 39,887  | 7.732  | I  |  | By 401(k)  |   |     |  |
| Common  | Common Stock  |  |  |                               |  |                 |  |  |  |   |  |   | 15,544   | 15,544.1647  |  | I  | By<br>Employee<br>Stock<br>Ownership<br>Plan <sup>(2)</sup> |     |  |
|   |   | -  | Table II                                   |                               |  |                 |  |  |  |   | oosed of,<br>converti  |   |  | y Owned  |  |  |   |     |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deen<br>Executio<br>if any<br>(Month/D | ned<br>n Date,                | 4.<br>Transa<br>Code (<br>8)   | ection          | 5. N<br>of<br>Deri<br>Sec<br>Acq<br>(A) o<br>Disp<br>of (I | umber<br>vative<br>urities<br>uired                  | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |   | 7. Title and Amor<br>of Securities<br>Underlying<br>Derivative Secur<br>(Instr. 3 and 4) |   | t 8. Price of<br>Derivative<br>Security                            | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4) | ive<br>ies<br>cially<br>ng<br>ed<br>ction(s) | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>ct (Instr. 4)                    |     |  |
|   |   |  |  |                               | Code   | v               | (A)  | (D)  | Date<br>Exercis  | able  | Expiration<br>Date   | Title   | Amoun<br>or<br>Numbe<br>of<br>Shares                               |  |  |  |   |     |  |
| Stock<br>Options<br>(Rights to                      | \$11.99   | 02/15/2017                                 |  |                               | M  |                 |  | 70,834   | (3)  |   | 06/26/2017   | Common<br>Stock   | 70,83  | 4 \$0  | C  | )  | D   |     |  |

## **Explanation of Responses:**

- 1. The information in this report is based on the 401(k) report dated February 15, 2017.
- 2. Reflects ESOP allocations that occurred as of December 31, 2015.
- 3. Stock Option Awards granted pursuant to the 2006 Equity Incentive Plan of BankFinancial Corporation vest ratably over four quarterly installments commencing September 30, 2015.

/s/ F. Morgan Gasior, pursuant 02/17/2017 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.