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*  Stelter Donald F  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 NOR	Last) (First) (Middle)  15W060 NORTH FRONTAGE ROAD				Relationship of Reporting Person (Check all applicable)     Director		10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)					
(Street) BURR RIDGE (City)	IL (State)	60527 (Zip)			X	Officer (give title below)  EVP of Affilia	Other (spe below) ate	ecify		icable Line) Form filed b	Group Filing (Check  y One Reporting Person  y More than One erson			
(Oity)	Table I - Non-Derivative Securities Beneficially Owned													
1. Title of Security (Instr. 4)				2	2. Amou	int of Securities ially Owned (Instr. 4)	3. Ownership		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 Exercisable a Expiration Date (Month/Day/Year)				ate	Underlying Derivative Security (Instr. 4) Con or E		Conve or Exe	rcise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)				
			Date Exercisable	Expiratio Date	on Title	)	Amount or Number of Shares	Price of Deriva Securi	tive	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.

 $<sup>^{\</sup>star}$  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).