FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average b	urden								
- 1	hours per response	0.5								

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

						Secu	30(11)	01 1116	: 111	ivestment	COII	ipany Act	01 1940	<u>, </u>									
1. Name and Address of Reporting Person* Lagoudis Michael J.						2. Issuer Name and Ticker or Trading Symbol Ponce Financial Group, Inc. [PDLB] 3. Date of Earliest Transaction (Month/Day/Year) 12/07/2023										eck all appli Directo	tionship of Reporting Pe all applicable) Director Officer (give title below) Senior Vice P		10% Ov	vner			
(Last) 2244 W	(Last) (First) (Middle) 2244 WESTCHESTER AVENUE															helow)			Other (sbelow) esident	pecify			
(Street)	. N	Y	10462		_ 4. l	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	Individual or Joint/Group Filing (Check Application) X Form filed by One Reporting Person Form filed by More than One Reporting Person								
(City)	(S	tate)	(Zip)		Ri	Rule 10b5-1(c) Transaction In Check this box to indicate that a transaction was satisfy the affirmative defense conditions of Rule								cation ade pursuant to a contract, instruction or written plan that is intended to									
		Tab	le I - Nor	ı-Deri	vative	e Se	curitie	s A	cq	uired, C)isp	osed o	of, or	Bene	eficial	ly Owned	d						
1. Title of Security (Instr. 3)				Date	Transaction te onth/Day/Year)		2A. Deemed Execution Date if any (Month/Day/Yea		Code (Inst						Benefici	es ally Following	Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
						_				Code	v	Amount	(1	A) or D)	Price	Transac (Instr. 3	ction(s) 3 and 4)			,iiisu. 4)			
Common Stock										+			_			18,	.8,876(1)		D				
Common	mmon Stock									\perp			4			5,	,000		I	By Wife			
Common Stock																4,4	48(2)			By ESOP			
		7	able II -							ired, Di						Owned							
1. Title of Derivative Security (Instr. 3)	2. Conversion Date Execution Date Execution If any (Month/Day/Year) Derivative Security		Date, Transaction Code (Instr					E	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)		Date Exercisable		opiration	Title	O N O	lumber								
Premium Stock Options	\$10.33	12/07/2023			A		1,000		1	12/07/2024	12	2/06/2033	Comm		1,000	\$10.33	1,000)	D				
Premium Stock Options	\$10.52	12/07/2023			A		1,000		1	12/07/2025	12	2/06/2033	Comm		1,000	\$10.52	2,000)	D				
Premium Stock Options	\$10.7	12/07/2023			A		1,000		1	12/07/2026	12	2/06/2033	Comm		1,000	\$10.7	3,000)	D				
Premium Stock Options	\$10.89	12/07/2023			A		1,000		1	12/07/2027	12	2/06/2033	Comm		1,000	\$10.89	4,000)	D				
Premium Stock Options	\$11.08	12/07/2023			A		1,000		1	12/07/2028	12	2/06/2033	Comm		1,000	\$11.08	5,000)	D				

Explanation of Responses:

- 1. Includes 8,371 shares of restricted stock units, of which 4,186 shares vest on July 23, 2024 and the remainder vest on July 23, 2025
- 2. Reflects ESOP allocations and dispositions that have occurred since the date of the reporting person's last ownership report

/s/Frank Perez, as attorney in 12/11/2023 fact

** Signature of Reporting Person

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.