FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Machinatan	D C	20540	
Nashington,	D.C.	20049	

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 APPROVAL

OMB Number: 3235-0287

Estimated average burden hours per 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

1. Name and Address of Reporting Person* NAUDON CARLOS P					2. Issuer Name <b>and</b> Ticker or Trading Symbol Ponce Financial Group, Inc. [ PDLB ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner						
														X	X Director					
(Last) (First) (Middle) 2244 WESTCHESTER AVE						3. Date of Earliest Transaction (Month/Day/Year) 02/03/2023									X Officer (give title below) Other (specify below)  President & CEO					
(Street)					4. If A	Amend	ment,	Date o	of Origin	al File	ed (Month/Da	y/Year)	)	6. Ind Line)	ividual o	Joint/Grou	ıp Filing	g (Check A	pplicable	
BRONX	NY	<u> </u>	0462											X Form filed by One Reporting Person  Form filed by More than One Reporting						
(City) (State) (Zip)															Person					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)			Acquired (A) or (D) (Instr. 3, 4 an			5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Direct Indirect Itstr. 4)	7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) oi (D)	Price	•	Reporte Transac (Instr. 3	ction(s)			(Instr. 4)	
Common	Stock														247,	267(1)(2)		D		
Common Stock		02/03/2023				P		5,000	A	\$9.3	3947	57,159			I I	By IRA				
Common Stock		02/03/2023				P		10,000	A	\$9.4	4207	07 67,159			I ]	By IRA				
Common	Stock														20	),000		I 1	By Banking Spectrum	
Common Stock												9,405		I		By ESOP				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	eemed tion Date, n/Day/Year)		Transaction of Code (Instr. Derivative			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly C	10. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amour or Number of Shares	er						

## **Explanation of Responses:**

- $1. \ Includes \ 16,277 \ shares \ of \ restricted \ stock \ units \ vest \ annually \ at \ a \ rate \ of \ 33.33\% \ per \ year \ commencing \ on \ April \ 1,2023.$
- 2. Includes 41.473 shares of restricted stock units vest on December 4, 2023.
- 3. Reflects ESOP allocations and dispositions that have occurred since the date of the reporting person's last ownership report.

## Remarks:

/s/Frank Perez, as attorney in fact

02/06/2023

\*\*

\*\* 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.