FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

shing	gto	n,	D.	C.	2054	9				

washington, D.C. 20049	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287		
	Estimated average burden			

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(h)

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

					Or s	Secu	ion 30(i	n) or the	e Investi	nent C	ompa	any Act	01 194	40								
Name and Address of Reporting Person* Okun Philip A						2. Issuer Name and Ticker or Trading Symbol Hanover Bancorp, Inc. /NY [HNVR]									(Cr	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Okun I IIIIp A						1-/									-	X Direc	tor		10% O	vner		
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 03/01/2024										Office belov	er (give title		Other (: below)	specify			
C/O HANOVER BANCORP, INC.						If Amendment, Date of Original Filed (Month/Day/Year)									6. 1	6. Individual or Joint/Group Filing (Check Applicable						
80 EAST JERICHO TURNPIKE						2 2, 22.2 2. 2									Lin	Line)						
					-												•		•			
(Street)																Form Perso	filed by Mo on	re than	One Repo	rting		
MINEOI	LA N	Y	11501		<u></u>	.1	405	- 4/-	\ T		4:		: 4	L!								
						Rule 10b5-1(c) Transaction Indication																
(City)	(S	tate)	(Zip)		Ιп	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to																
			$ \sqcup$	satis	sfy the a	ıffirmativ	e defens	e condit	ions (of Rule 1	0b5-1	(c). See	Instructi	on 10.								
		Tab	le I - No	n-Deriv	ative	Se	curit	ies A	cquire	d, Di	spo	sed o	f, oı	r Ben	eficial	ly Owne	d					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						Execution Date,			Co	Transaction Disposed Of (D) (Instr. 3, 2) Code (Instr. 5)					Benefi Owned	ties cially Following	Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
									Co	Code V		mount	(A) or (D) Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common	Stock			03/01	/2024	2024		Α			2,117(1)		A	\$ <mark>0</mark>	34,445			D				
Common	Stock			03/05	/2024	2024		N			8,139		A	\$10	4	42,584		D				
Common Stock 03/05/2				/2024	2024		F			4,938 D		D	\$16.4	8 3	37,646		D					
		7	able II -						•						-	Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date,		4. Transaction Code (Instr. 8)		of Deri Sec Acq (A) Disp of (I	oosed O) tr. 3, 4	Expira	options, convertible securities. Date Exercisable and Expiration Date Month/Day/Year) T. Title and Amount of Securities Underlying Derivative Securities (Instr. 3 and 4)				Reporter Transac (Instr. 4) 8. Price of Derivative Security (Instr. 5) 8. Price of Derivative Securiti Senefici Benefici Pollowir Reporter Transac (Instr. 4)		Ownersh Form: Direct (D) or Indirect (I) (Instr.		11. Natur of Indirec Beneficia Ownersh (Instr. 4)				
					Code	V (A) (D)		Date Exerci	sable	Expi Date	iration	or Nun of		lumber								

Explanation of Responses:

\$10

Qualified

Stock

1. Represents a grant of restricted stock subject to forfeiture, vesting over a five year period, with 1/5 vesting on each of March 1, 2025, March 1, 2026, March 1, 2027, March 1, 2028, and March 1, 2029.

10/01/2017

8,139

/s/ Gregory Krauss, POA

Common Stock

10/01/2024

03/05/2024

0

D

** Signature of Reporting Person

8,139

\$0

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).

03/05/2024

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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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.