| SEC Form | 4 |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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Form filed by One Reporting Person

Form filed by More than One Reporting

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|---|---------------------------------------|--|--|------------------------|-------------------|
| Check this box if no longe to Section 16. Form 4 or F obligations may continue. | orm 5 | NT OF CHANGES IN BENEFICIAL OWN | OMB Number: 3235-0287 Estimated average burden hours per response: 0.5 | | |
| Instruction 1(b). | | d pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | 4 | | 0.5 |
| 1. Name and Address of Rep Burke Lance P | porting Person [*] | 2. Issuer Name and Ticker or Trading Symbol Hanover Bancorp, Inc. /NY [HNVR] | 5. Relationship of F (Check all applicab Director | , | o Issuer Owner |
| (Last) (First) C/O HANOVER BANG | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 01/19/2024 | X Officer (gi below) EVP & C | ve title Othe below | <i>'</i> |
| 80 EAST JERICHO TU | · · · · · · · · · · · · · · · · · · · | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joir | Applicable | |

| MINEOLA | NY | 11501 |
|---------|---------|-------|
| (City) | (State) | (Zip) |

Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| ······································ | | | | | | | | | | |
|--|--|--|------|---|----------------------|---------------|---|------------------------------------|---|------------|
| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | Form: Direct (D) or Indirect | 7. Nature of Indirect Beneficial Ownership | |
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Common Stock | 01/19/2024 | | A | | 2,810 ⁽¹⁾ | A | \$ <mark>0</mark> | 22,011 | D | |

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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of E | | of Expiration Date Oprivative (Month/Day/Year) Securities Acquired A) or Disposed of (D) Instr. 3, 4 | | | e and unt of rities rlying ative rity (Instr. 4) | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownership Form: Direct (D) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. Represents a grant of restricted stock subject to forfeiture, vesting over a five year period, with 1/5 vesting on each of February 20, 2025, February 20, 2026, February 20, 2027, February 20, 2028 and February 20, 2029.

| /s/ Gregory Krauss, POA | 01/23/2024 |
|-------------------------|------------|
| | |

Line) X

Person

** 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.