FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	DС	20549	
vasimigton,	D.O.	20040	

STATEMENT	OF CHANG	SES IN BEI	NEFICIAL C	WNERSHIP

OMB API	PROVAL							
OMB Number:	3235-0287							
Estimated average burden								
hours per respons	e 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 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Burke Lance P					2. Issuer Name and Ticker or Trading Symbol Hanover Bancorp, Inc. /NY [HNVR]							Checl	k all app Direc	nship of Reporting applicable) Director Officer (give title		rson(s) to Is 10% Ov	wner		
(Last)	(Fir	,	Middle)	,	3. Date of Earliest Transaction (Month/Day/Year) 04/30/2024							X	belov	v) ``	inan	below)	·		
		ANCORP, INC.			4. If Amondment, Date of Original Filed (Month/Dov/Veer)							- 1	6. Individual or Joint/Group Filing (Check Applicable						
80 EAS I	JERICHO	TURNPIKE			4. If Amendment, Date of Original Filed (Month/Day/Year)							Line)							
(Street)	LA NY	7 1	1501										X		filed by One filed by Mo on		Ü		
(City)	(St	ate) (Z	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 - Noi	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or B	enefic	ially	/ Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da			Execution Date,				es Acquired (A) Of (D) (Instr. 3, 4		4 and Securit Benefic Owned		ties For cially (D) I Following (I)		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership					
								Code	v	Amount	mount (A) or (D)		:e	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 04/30				04/30/2	2024		P		200	A	\$1	6.6	21,371			D			
		Tal									osed of, o				Owne	d	,		
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Security or Exercise (Month/Day/Year) Execution Date, if any		4. Transa Code (8)			Expirati	6. Date Exercisable and Expiration Date (Month/Day/Year)			e and nt of ities lying itive ity (Instr. 4)	unt		9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4)	re es ally eg d tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	of Shares						

Explanation of Responses:

/s/ Gregory Krauss, POA

05/01/2024

** 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.