FORM 4

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549

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OMB AP	PROVAL
OMB Number:	3235-028

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Estimated average burden hours per response:

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

Check this box to indicate that a
transaction was made pursuant to a
contract, instruction or written plan for
the purchase or sale of equity
securities of the issuer that is
intended to satisfy the affirmative
defense conditions of Rule 10h5-1(c)

See Ins	struction 10.																				
1. Name ar <u>Haspel</u>		of Reporting Persor	i [*]			2. Issuer Name and Ticker or Trading Symbol Hanover Bancorp, Inc. /NY [HNVR]											tionship of all applic	*			
(Last) (First) (Middle) C/O HANOVER BANCORP, INC. 80 EAST JERICHO TURNPIKE					3. Date of Earliest Transaction (Month/Day/Year) 08/26/2024											✓ Director 10% Owner Officer (give title Other (specify below) below)					
(Street) MINEOLA NY 11501 (City) (State) (Zip)					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person													in		
		Та	ble I - No	n-Deriv	ative	e Sec	curiti	ies Ad	cqu	uired,	Dis	posed o	of, c	r Ben	eficia	illy (Owned	ı			
1. Title of Security (Instr. 3) 2. Tran Date (Month						ar) E	2A. Deemed Execution Date, if any (Month/Day/Year)			3. Transaction Code (Instr. r) 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			I (A) or ∴ 3, 4 an	ıd	5. Amou Securitie Benefici Owned F Reported	es ally Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership
											v	Amount		(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common	Stock			08/26	5/2024	2024				M		8,139	9	A	\$10		30,762		D		
Common	Stock			08/26	5/2024	4				F ⁽¹⁾		4,650	0	D	\$1,75		0 26,112		D		
Common Stock																39,673		I		See Footnote 2 ⁽²⁾	
			Table II -									osed of onverti					wned			,	
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transacti Date (Month/Day			3A. Deem Execution if any (Month/Da	tion Date, T		Instr.			Ex	Date Exc piration lonth/Da	Date		Am Sec Und Der	7. Title and Amount of Securities Underlying Derivative Sect (Instr. 3 and 4)		De Se	Price of crivative curity estr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Da Ex	ate cercisabl		xpiration ate	Title		Amount or Number of Shares						
Non- Qualified Stock	\$10	08/26/2024			M	1		8,139	10	0/01/201	7 1	0/01/2024		mmon tock	8,139		\$0	0		D	

Explanation of Responses:

1. Represents a "net exercise" of outstanding stock options. The reporting person received 3,489 shares of common stock on net exercise of option to purchase 8,139 shares of common stock. The Company withheld 4,650 shares of common stock underlying the option for payment of the exercise price using the closing stock price on August 23, 2024 of \$17.50 pursuant to the terms of the 2013 Stock Option Plan.

2. Held by a limited liability company that the reporting person controls.

/s/ Gregory Krauss, POA 08/27/2024

** 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.