FORM 4

obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(b) of the Investment Company Act of 1940

| | | | | or se | cuon 30(n) or the in | ivestment Con | npany Act of 1940 | | | | | | |
|--|---------|------------------------------------|-----------|--|---|---|--------------------|--|--|---|---------------|--|--|
| 1. Name and Address of Reporting Person [*] JOYCE GEORGE P | | | | | uer Name and Tick nfinder Banco | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| | | | | | | - | | X | Director | 10% 0 | Dwner | | |
| (Last) | (First) | (Middle) | | | te of Earliest Trans 6/2023 | action (Month/ | Day/Year) | | Officer (give title below) | Other below | (specify) | | |
| 214 WEST FIRST STREET | | | | 4. If A | Amendment, Date o | f Original Filec | l (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | | | | | | | | X | Form filed by On | e Reporting Pe | rson | | |
| OSWEGO | NY | 13126 | | | | | | | Form filed by More than One Reporting Person | | | | |
| (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. | | | | | | | | | |
| | Tal | ole I - No | n-Derivat | ive S | ecurities Acq | uired, Disp | oosed of, or Bene | ficially | Owned | | | | |
| Da | | 2. Transacti Date (Month/Day | | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securities Acquired (Disposed Of (D) (Instr. 3 5) | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

| | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | |
|--------------|------------|------|---|--------|---------------|--------|--|---|--------|
| Common Stock | 05/26/2023 | Р | | 10 | Α | \$13.3 | 13,531 | Ι | By IRA |
| Common Stock | | | | | | | 24,679 | D | |
| Common Stock | | | | | | | 102,000 | Ι | By POA |

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. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 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:

Remarks:

/s/ James A. Dowd as POA for 06/02/2023

George P. Joyce

** 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.

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