FORM 4

☐ Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

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.

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden

hours per response... 0.5

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

| 1. Name and Address of Reporting Person * | | | | | 2. I | 2. Issuer Name and Ticker or Trading Symbol | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|----------|-------------------|----------|---|--|--|--------------------------------|---|---------------|--|------------|---|---|-------------------------------|--|---|------------------------------------|--|
| GIBBONS T | HOMAS | S P | | | Al | ly F | inanc | ial Inc. | [A] | LLY] | | | | | | | | |
| (Last) (First) (Middle) | | | | 3. I | 3. Date of Earliest Transaction (MM/DD/YYYY) | | | | | | | X Director10% Owner Officer (give title below) Other (specify below) | | | | | | |
| 500 WOODWARD AVE. | | | | | | 5/15/2025 | | | | | | | | | | | | |
| | (Stre | et) | | | 4. I | f An | nendme | nt, Date O | rigir | nal File | d (MM/DI | D/YYY | YY) | 6. Individual c | or Joint/G | roup Filing | (Check Appl | icable Line) |
| DETROIT, I | MI 48226 | : | | | | | | | | | | | | X Form filed by | | | | |
| (City) (State) (Zip) | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | | | |
| | | | Table | I - No | on-Der | ivati | ive Seci | urities Acc | quir | ed, Dis | sposed o | f, or l | Bene | eficially Owne | d | | | |
| 1. Title of Security (Instr. 3) | | | ns. Date | 2A. Deemed Execution Date, if any | | 3. Trans. Co (Instr. 8) | de | 4. Securities Acqui or Disposed of (D) (Instr. 3, 4 and 5) | | | Fo | Amount of Securit Islowing Reported of Str. 3 and 4) | ities Beneficially Owned Transaction(s) | | Direct (D) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | V | Amour | (A) or (D) | Price | e | | | | or Indirect (I) (Instr. 4) | (Instr. 4) |
| Common Stock (1) | | | | 5/15 | /2025 | | | A | | 4,266 | 5 A | \$35.7 | 75 | | | 16,852 | D | |
| | Tab | le II - Dei | rivativ | e Secu | rities] | Bene | eficially | Owned (| e.g., | puts, | calls, wa | rrant | ts, op | otions, conver | tible secu | ırities) | | |
| | | 3. Trans. Date | | | 4. Trans. (Instr. 8) | Code | Derivati Acquire Dispose | i. Number of Derivative Securities Acquired (A) or Disposed of (D) Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date | | | rities U vative S : 3 and | Jnderlying Security 14) | derlying ceurity 4) Derivative Security (Instr. 5) | | Ownership Form of Derivative | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | e V (A) | (D) | Date Exe | e rcisable | Expiration Date | Title | Amou Share | unt or Number of es | | Reported Transaction(s) (Instr. 4) | (I) (Instr. 4) | | |

Explanation of Responses:

(1) Represented by Deferred Stock Units which convert into common stock on a one-for-one basis.

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|----------------------------------|---------------|-----------|---------|-------|--|--|--|
| Reporting Owner Ivanie / Address | Director | 10% Owner | Officer | Other | | | |
| GIBBONS THOMAS P | | | | | | | |
| 500 WOODWARD AVE. | X | | | | | | |
| DETROIT, MI 48226 | | | | | | | |

Signatures

/s/ Joyce M. Daniels, attorney-in-fact for Mr. Gibbons

**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 control

