FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | OVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 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

| 1. Name and Address of Reporting Person* <u>Lapointe Jean-Pierre</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol NORTHEAST BANCORP /ME/ [NBN] | | | | | | | | | Check a | nship of Reporting applicable) Director | | 10% C | wner |
|--|--|---|--|--|---|--|--|--|--------------------------------------|---|---|----------|--|---|--|---|--|--|------------|
| (Last) (First) (Middle) C/O NORTHEAST BANCORP | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/01/2018 | | | | | | | | | | Officer (give title below) Chief Finan | | below) | (specify |
| (Street) LEWIST (City) | | E (| | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Tran: Date (Month | | | | | | ection 2A. Deemed Execution Date if any (Month/Day/Ye | | n Date, | Transaction Disposed Code (Instr. 5) | | ties Acquired (A) d Of (D) (Instr. 3, 4 | | | nd S B O | Amount of ecurities eneficially wned Follo eported | , | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A (C | () or () | Price | _ т | ansaction nstr. 3 and | | | (111341.4) |
| Voting Co | Voting Common Stock | | | | 1/2018 | | | | P 1 | | 100 | A S | | \$22 | .25 | 25 2,100 | | D ⁽¹⁾ | |
| | 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 | Aversion Date (Month/Day/Year) Wersion (Month/Day/Year) Wative Irity 3. Transaction Execution Date Execution Date, if any (Month/Day/Year) 4. Transaction Execution Date, if any (Month/Day/Year) 8) | | Transa Code (| (Instr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Date Date Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | ount nber | 8. Price Derivat Securit (Instr. ! | ive deriv y Secu Bene Own Follo Repo | owing orted nsaction(s | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

1. Includes restricted stock awards granted to the reporting person under the Northeast Bancorp Amended and Restated 2010 Stock Option and Incentive Plan which vest as follows: 2,000 restricted shares vesting in three equal installments, commencing November 8, 2020.

> 02/01/2018 /s/ Jean-Pierre Lapointe

** 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.