FORM 3

# Federal Deposit Insurance Corporation Washington, D.C. 20429

## **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

### (PLEASE PRINT OR TYPE ALL RESPONSES)

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OMB NUMBER: 3064-0030 EXPIRES: 04/30/2026 Estimated average burden hours per response ...1.0

Statement (Month/Day/Vear)			4. Issuer Name and Ticker or Trading Symbol					
Cohen, Richard			Statement ( <i>Month/Day/Year</i> ) 2/1/2024	Northeast Bank [NBN]				
Street Address			3. IRS Identification Number of		ship of Reporting Pers	on to Issuer (Ch	eck all	6. If Amendment, Date Original Filed (Month/Day/Year)
C/O Northeast Bank			Reporting Person, if an Entity ( <i>Voluntary</i> )	applicab	<i>ie)</i>	_		
27 Pearl Street				Directo	r	10% Ow	/ner	
					(give title below)	Other (S	Specify below)	7. Individual or Joint/Group Filing (Check Applicable Box)
City	State	ZIP Code			inancial Officer		,,,,,,,,	Form filed by One Reporting Person
Portland	ME	04101						Form filed by More than One Reporting Person
			Table I - Non-Der	ivative Sec	curities Beneficia	ally Owned		
1. Title of Security			2. Amount of Securities	3. Ov	nership Form:			ndirect Beneficial Ownership
(Instr. 4)			Beneficially Owned (Instr. 4)		ect (D) or Indirect (I) nstr. 5)		(Instr. 5)	
FDIC 6800/03 (6-20)	Rem	inder: Repo	ort on a Separate Line for eacl	h class of s	ecurities beneficia	Ily owned dire	ectly or indire	ectly. (Continue on Page 2)
			e form is filed by more than o					Page of

#### FORM 3 (continued)

Table II - Derivative Securities Beneficially Owned (e.g., plus, calls, warrants, options, convertible securities)							
1. Title of Derivative Security (Instr. 4)			<ol> <li>Title and Amount of Securities Underlying Derivative Security (Instr. 4)</li> </ol>				<ol> <li>Nature of Indirect Beneficial Ownership (Instr. 5)</li> </ol>
	Date Exercisable	Expiration Date	Title	Amount or Number of shares		(I) (Instr. 5)	

Explanation of Responses:

/s/ Richard Cohen

2/1/2024

\*\*Signature of Reporting Person

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#### BURDEN STATEMENT

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FDIC 6800/03 (6-20) Page 2

Date