(Street) **OMAHA** 

(City)

NE

(State)

68102

(Zip)

FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OMB APPROVAL OMB Number: 3235-0104 Estimated average burden hours per response: 0.5

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						6(a) of the Securities Exchange he Investment Company Act of 1					
MAGNOLIA CAPITAL FUND, LP  Requirir (Month/I				2. Date of Event Requiring Statement (Month/Day/Year)		3. Issuer Name and Ticker or Trading Symbol NORTHEAST BANCORP /ME/ [ NBN ]					
(Last) (First) (Middle) 1411 HARNEY ST., SUITE 200				02/18/2016		4. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title			5. If Amendment, Date of Original Filed (Month/Day/Year) 02/23/2016		
(Street) OMAHA NE 68102						Less than 10% Owner			6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person  X Form filed by More than One Reporting Person		
(City)											
			7	Гable I - Non	-Derivati	ve Securities Beneficial	lly Owned				
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)  3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Voting Common Stock						822,989(1)(2)(3)	D				
			(e.g			Securities Beneficially		s)			
1. Title of Derivative Security (Instr. 4)				2. Date Exercisable a Expiration Date (Month/Day/Year)		3. Title and Amount of Secur Underlying Derivative Secur		4. Conve	rcise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
				Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Deriva Securi	tive	Direct (D) or Indirect (I) (Instr. 5)	
Name and Address of Reporting Person*     MAGNOLIA CAPITAL FUND, LP							'				
(Last) (First) (Middle 1411 HARNEY ST., SUITE 200			(Middle)	1							
(Street) OMAHA NE 68102			68102								
(City) (State) (Zip)											
1. Name and Address of Reporting Person*  MAGNOLIA GROUP, LLC											
(Last) (First) (Middle) 1411 HARNEY STREET SUITE 200			1								
(Street) OMAHA NE 68102											
(City)	(State	e)	(Zip)								
1. Name and A Peterson	ddress of Repo	rting Person <sup>*</sup>									
(Last)	(First)		(Middle)	1							

## **Explanation of Responses:**

1. On February 23, 2016, the Reporting Persons mistakenly filed a Form 3 and Form 4 upon the belief that the Reporting Persons were beneficial owners of more than 10% of a class of the issuer's equity securities registered under the Securities Exchange Act of 1934 (the "Act"). The Reporting Persons in fact do not own more than 10% of any class of the issuer's equity securities under the Act, and thus were not, and are not, subject to the reporting obligations under Section 16 of the Act. Accordingly, the Form 3 and Form 4 were not required to be filed. As of the date of this amendment the Reporting Persons beneficially own 822,989 shares of the issuer's voting common stock, \$1.00 par value per share.

2. All of the reported shares are directly owned by Magnolia Capital Fund, LP, of which The Magnolia Group, LLC ("TMG") is the general partner and investment manager. Adam K. Peterson ("Mr. Peterson") is the managing member of TMG. TMG and Mr. Peterson could both be deemed to share indirect beneficial ownership of 822,989 shares of Voting Common Stock of Northeast Bancorp.

3. TMG and Mr. Peterson disclaim beneficial ownership except to the extent of their respective pecuniary interests therein, and this report shall not be deemed an admission of beneficial ownership of these securities for Section 16 or for any other purposes.

/s/ Adam K. Peterson on behalf
of the Magnolia Capital Fund
LP by its General Partner The
Magnolia Group LLC
/s/ Adam K. Peterson,
managing member on behalf of
02/29/2016

<u>The Magnolia Group, LLC</u> /s/ Adam K. Peterson 02/29/2016

\*\* 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 5 (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.