FORM 4

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

Federal Deposit Insurance Corporation Washington, D.C. 20429

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

(PLEASE PRINT OR TYPE ALL RESPONSES)

OMB APPROVAL	
OMB NUMBER: 3064-0030 EXPIRES: 07/31/2013 Estimated average burden hours per response0.5	

1. Name of Reporting Person (Last, First, MI)*				2. Issuer Name	e and Tickle	r or Tradin	ig Symbol		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Orestis, John				Northeast Bank	(NBN)				Director 10% Owner					
C/O Northeast Bank 27 Pearl Street				 Date of Earliest Transaction Required to be Reported (Month/Day/Year) 3/10/2020 			. If Amendment, D Filed <i>(Month/Day</i>		6. Individual or Joint/Group Filing (Check applicable box)					
City Portland	State ME		ZIP Code 04101	-					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. Transaction Date (Month/Day/Year) 2A. Deemed Execu- tion Date 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) or Disposed of (D) (Instrs. 3, 4, and 5) 5. Amount of Securities Beneficially 6. Ownership Form 7. Nature of Indirect Beneficial Ownership (Instr. 4)														
		2. Transaction Date		Execu-	Code		4. Securities Acquired (A) or Dis		bisposed	osed 5. Amount of Securities		Beneficial Ownership		
				Day/ Year)	Code	v	Amount	(A) or (D)	Price	Transactions (Instr. 3 and 4)	(Instr. 4)			
Voting Common Stock	rity 2. Transaction [(Month/Day/		/2020		Р		10,000	А	\$17.19	70,000	D			

FDIC 6800/04 (10-05)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. *(Continue on Page 2)* *If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Page ____ of ____

	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)								6. Date Exercisable and Expiration Date (Month/ Day/Year)		7. Title and Amount of Underlying Securities (Instrs. 3 and 4)			9. Number of Derivative Securities Beneficiall y Owned Following Reported Trans- action(s)		 Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Ex- ercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	

Explanation of Responses:

/s/ Jean-Pierre Lapointe, Attorney-in-fact

3/11/2020

**Signature of Reporting Person

Date

NOTE: File three copies of this form, one of which must be manually signed. If space provided is insufficient, see Instruction 6 for procedure (12 C.F.R. 335.612). Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a current, valid OMB Control Number. **Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

BURDEN STATEMENT

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