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	
 MDED.	2004 0020	

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hours per response ...0.5

EXPIRES: 07/31/2013 Estimated average burden

1. Name of Reporting Person (L	2. Issuer Name and Tickler or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Pinheiro, Brian		Northeast Bank [NBN]					Director 10% Owner						
Street Address C/O Northeast Bank 27 Pearl Street						4. If Amendment, Date Original Filed <i>(Month/Day/Year)</i>		Officer (Give title below) Chief Risk Officer 6. Individual or Joint/Group Filing (Check applicable box) Form filed by One Reporting Person Form filed by More than One Reporting Person					
City State ZIP Code													
Portland						L 1 of the fried by More than one neporting Ferson							
		Table	I - Non-Deriv	ative Se	curities	Acquired, Disp	osed of, or	r Beneficially (Owned			_	
		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date if any, (Month/	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Di of (D) (Instrs. 3, 4, and 5)					7. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Day/ Yearl	Code	V	Amount	(A) or (D)	Price	Transactions (Instr. 3 and 4)				
Voting Common Stock		08/25/2020		F		489	D	\$19.24	15,171	D			

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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).

aa	e	of	

	Table II -	Derivativ	e Securities	Acquir	ed, Dis	posed o	f or Be	neficially	Owned (e.g., puts, calls	, warrants	, options,	convertible s	ecurities)	
Title of Derivative Security (Instr. 3)		3. Trans- action Date (Month/ Day/ Year)		4. Trans- action Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instrs. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/ Day/Year)				8. Price of De- rivative Security (Instr. 5)			11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	٧	(A)	(D)	Date Ex- ercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Explanation of Response	es:														

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

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

**Signature of Reporting Person

8/25/2020

Date

Public reporting burden for this collection of information is estimated to average 0.5 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Paper Reduction Act Clearance Officer, Legal Division, Federal Deposit Insurance Corporation, 550 17th St. NW, Washington, D.C. 20429, and the Office of Management and Budget, Paperwork Reduction Project (3064-0030), Washington, D.C. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

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