FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| wasnington, D.C. 20549 | OMB APPROVAL | | | |
|--|--------------|---------|--|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235-02 | | |

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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* WAYNE RICHARD | | | | | | 2. Issuer Name and Ticker or Trading Symbol NORTHEAST BANCORP /ME/ [NBN] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
| , | | | | | | | | | | | | | | | X X | | er (give title | | | wner (specify | |
| (Last) (First) (Middle) C/O NORTHEAST BANCORP | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/13/2015 | | | | | | | | | | President & CEC | | | | | |
| 500 CANAL STREET 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual | | | | | | | | | dual o | r Joint/Group | o Filin | g (Check A | pplicable | | | | | | | | |
| (Street) LEWIST | ON M | Е (| 04240 | | | , = 111 = 1 = 1 = 1 (= 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 | | | | | | | | L | Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | Pers | on | | | | |
| | | Tabl | le I - No | n-Deriv | /ative | Se | curitie | es Aco | quired | , Dis | posed o | f, o | r Ber | nefici | ally C |)wne | ed | | | | |
| | | | 2. Transaction Date (Month/Day/Year | | r) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 | | | | 4 and 5) Secu Bene Owne | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | Code | v | | | Amount | | (A) or (D) | Price | I· | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | | | |
| Voting Co | ommon Stoo | ck | | 05/13 | 3/2015 | | | | P | | 2,300 | | A | \$9.7 | 274 | 163 779 I | | | By trust ⁽¹⁾ | | |
| Voting Co | mmon Sto | tock 47,916 E | | | | | | | D | | | | | | | | | | | | |
| Voting Common Stock | | | | | | | | | | | | | | | 97,202 | | | I | By trust ⁽²⁾ | | |
| | | Та | | | | | | | | | osed of, onvertib | | | | | ned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | Date Exe (Month/Day/Year) if a | 3A. Deen Executio if any (Month/E | n Date, | | Transaction Code (Instr. | | of | | Exercion Date Day/Ye | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | g nstr. 3 | Deriva Secur | Price of erivative ecurity nstr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | F C | LO. Dwnership Form: Direct (D) or Indirect I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nu of | ımber | | | | | | | |

Explanation of Responses:

- 1. These shares are owned directly the Richard Wayne Revocable Trust.
- 2. These shares are owned directly the Richard Wayne Irrevocable Trust.

/s/ Claire Bean, attorney-in-fact 05/14/2015

** 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.