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									
NUMBER: 3064-0030									
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1. Name of Reporting Person (Last, First, MI)*		2. Issuer Name	and Tickle	r or Tradii	ng Symbol		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Jenkins, Julie	Northeast Bank	[NBN]				Director 10% Owner							
Street Address C/O Northeast Bank 27 Pearl Street	3. Date of Earliest Transaction Required to be Reported (Month/Day/Year) 08/12/2022			4. If Amendment, Date Original Filed <i>(Month/Day/Year)</i>		Officer (Give title below) SVP, Chief Information Officer 6. Individual or Joint/Group Filing (Check applicable box) Form filed by One Reporting Person							
City Portland	State ME	ZIP Code 04101						Form filed by More than One Reporting Person					
		Table	I - Non-Deriv	ative Se	curities	Acquired, Disp	osed of, o	r Beneficially	Owned				
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date if any, (Month/	3. Transa Code (Instr. 8		4. Securities Acquired (A) or Dis of (D) (Instrs. 3, 4, and 5)		Disposed	5. Amount of Securities Beneficially Owned Follow- ing Reported	6. Ownership Form Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Day/ Year)	Code	V	Amount	(A) or (D)	Price	Transactions (Instr. 3 and 4)				
Voting Common Stock	08/12/2022			F	538	D	\$42.31	26,143	D				
Voting Common Stock	08/12/2022		F			612	D	\$42.31	25,531	D			
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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).

aa	e	of	

Table II - Derivative Securities Acquired, Disposed of or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)															
Title of Derivative Security (Instr. 3)			ative ities red (A) sed of s. 3, 4,	6. Date Exercisable and Expiration Date (Month/ Day/Year)		7. Title and Amount of Underlying Securities (Instrs. 3 and 4)					11. 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 Respons	es:								/a/ la-	ın-Pierre Lapointe	Attornov in	o fact			

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

**Signature of Reporting Person

8/16/2022

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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