

FORM 4

Federal Deposit Insurance Corporation
Washington, D.C. 20429

OMB APPROVAL

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

OMB NUMBER: 3064-0030
EXPIRES: 07/31/2013
Estimated average burden
hours per response ...0.5

(PLEASE PRINT OR TYPE ALL RESPONSES)

1. Name of Reporting Person (Last, First, MI)* Jenkins, Julie			2. Issuer Name and Ticker or Trading Symbol Northeast Bank [NBN]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (Give title below) <input type="checkbox"/> Other (Specify below) SVP, Director of Operations			
Street Address C/O Northeast Bank 500 Canal Street			3. Date of Earliest Transaction Required to be Reported (Month/Day/Year) 09/20/2019		4. If Amendment, Date Original Filed (Month/Day/Year)				
City Lewiston	State ME	ZIP Code 04240	6. Individual or Joint/Group Filing (Check applicable box) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> 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 Execution Date if any, (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instrs. 3, 4, and 5)			5. Amount of Securities Beneficially Owned Following Reported Transactions (Instr. 3 and 4)	6. Ownership Form Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Voting Common Stock	09/20/2019		F		490	D	\$23.05	21,505	D	

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).

