

FORM 4

FEDERAL DEPOSIT INSURANCE CORPORATION
Washington, D.C. 20429

OMB APPROVAL
OMB Number: 3064-0030
Expires: 04/30/2026
Estimated average burden
hours per response.0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

(Print or Type Responses)

1. Name and Address of Reporting Person* Cohen Richard (Last) (First) (Middle) C/O Northeast Bank 27 Pearl Street (Street) Portland ME 04101 (City) (State) (Zip)			2. Issuer Name and Ticker or Trading Symbol Northeast Bank [NBN]		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Director</td> <td><input type="checkbox"/> 10% Owner</td> </tr> <tr> <td><input checked="" type="checkbox"/> Officer (give title below)</td> <td><input type="checkbox"/> Other (specify below)</td> </tr> </table> <p style="text-align: center; margin-top: 10px;">Chief Financial Officer</p>		<input type="checkbox"/> Director	<input type="checkbox"/> 10% Owner	<input checked="" type="checkbox"/> Officer (give title below)	<input type="checkbox"/> Other (specify below)
<input type="checkbox"/> Director	<input type="checkbox"/> 10% Owner									
<input checked="" type="checkbox"/> Officer (give title below)	<input type="checkbox"/> Other (specify below)									
			3. Date of Earliest Transaction Required to be Reported (Month/Day/Year) 10/31/2025	4. If Amendment, Date Original Filed(Month/Day/Year)						
			6. Individual or Joint/Group Filing (Check Applicable Line) <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) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction (s) (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	10/31/2025		F		1,353 (1)	D	\$86.28	13,840	D	
Voting Common Stock	10/31/2025		D		9,006 (2)	D	\$86.28	4,834	D	

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).

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 currently valid OMB control number.

