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	
OMB NUMBER: 3064-0030	
EXPIRES: 07/31/2013	
Estimated average burden	
hours per response0.5	

1. Name of Reporting Person (Last, First, M.	2. Issuer Name	and Tickler	or Tradin	g Symbol		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Jenkins, Julie	Northeast Bank	[NBN]				D	Director 10% Owner					
Street Address C/O Northeast Bank 27 Pearl Street				If Amendment, D Filed <i>(Month/Day</i>		Construction Officer (Give title below) Construction Officer Con						
City State Portland ME						Form filed by More than One Reporting Person						
	Table	I - Non-Deriv	ative Sec	curities /	Acquired, Disp	osed of, or	Beneficially	Owned				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)		2A. Deemed Execu- tion Date if any, (Month/			4. Securities Acc of (D) (Instrs. 3		Disposed	5. Amount of Securities Beneficially Owned Follow- ing Reported	6. Ownership Form Direct (D) or Indirect (I) (Instr. 4)	 Nature of Indirect Beneficial Ownership (Instr. 4) 		
		Day/ Yearl	Code	V	Amount	(A) or (D)	Price	Transactions (Instr. 3 and 4)				
Voting Common Stock	8/25/2021		F		960	D	\$32.38	26,681	D			

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).

Page ____ 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) 	2. Con- version or Ex- ercise Price of De- rivative Secu- rity	3. Trans- action Date (Month/ Day/ Year)	3A. Deemed Execu- tion Date if any, (Month/ Day/ Year)	Code			ative ities red (A) sed of s. 3, 4,	6. Date Exercisable and Expiration Date		7. Title and Amount of Underlying Securities (Instrs. 3 and 4)		 9. Number of Derivative Securities Beneficiall y Owned Following Reported Trans- action(s) 		 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 Responses:

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

8/26/2021

****Signature of Reporting Person**

Date

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

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.