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 response ...0.5

| 1. Name of Reporting Person (Last, F | 2. Issuer Name | and Tickle | r or Tradin | g Symbol | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | | |
|---|---|---|-------------|--|--|--|----------------|---|---|---|---|--|--|--|
| Dignan, Patrick | | | | Northeast Bank | [NBN] | | | | D | Director 10% Owner | | | | |
| Street Address C/O Northeast Bank 27 Pearl Street | 3. Date of Earliest Transaction Required to be Reported (Month/Day/Year) 8/4/2022 | | | . If Amendment, D Filed <i>(Month/Day</i> | | Officer (Give title below) Executive Vice President 6. Individual or Joint/Group Filing (Check applicable box) | | | | | | | | |
| | | | | | | Form filed by One Reporting Person | | | | | | | | |
| City | State | | ZIP Code | 1 | | | | | Form filed by More than One Reporting Person | | | | | |
| Portland | ME | | 04101 | | | | | | | | | | | |
| | | | Table | I - Non-Deriv | ative Se | curities <i>i</i> | Acquired, Disp | osed of, or | Beneficially (| Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year) | | 2A. Deemed S. Trace Continuo Date if any, (Month/ | | action 8) | 4. Securities Acquired (A) or Disport 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 | | 8/4/20 |)22 | | М | | 33,059 | | \$9.38 | 160,564 | D | | | |
| Voting Common Stock 8/4/2022 | | F | | | 18,492 D \$4 | | \$41.20 | 41.20 142,072 | | | | | | |
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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).

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| 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. Conversion or Exercise Price of Derivative Security | 3. Trans- action Date (Month/ Day/ Year) | 3A. Deemed Execu- tion Date if any, (Month/ Day/ Year) | 4. Trans action Code (Instr | n | Deriva Securi Acqui or Dispos (D) (Instra | 5. Number of Derivative Securities Acquired (A) or Disposed of 6. Date Exercisable and Expiration Date (Month/ Day/Year) | | | | 8. Price of Derivative Securities Beneficiall y Owned Following Reported Transaction(s) | | 10. Owner- ship Form of Deriva- tive Securities: Direct (D) or Indirect (I) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | ٧ | (A) | (D) | Date Ex- ercisable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | (Instr. 4) | |
| Voting Common Stock | \$9.38 | 8/4/2022 | | М | | | 33,059 | (1) | 1/31/2023 | Common Stock | 33,059 | \$0 | 0 | D | |
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| Evalenation of Possesses | | • | | • | | • | | | | | • | | • | • | |

Explanation of Responses:

(1) Non-qualified time-based stock option award granted to the reporting person under the Northeast Bank Amended and Restated 2010 Stock Option and Incentive Plan which became exerciseable in three equal annual installments, which commenced on January 31, 2016.

| /s/ Jean-Pierre Lapointe, Attorney-in-fact | 8/9/2022 | n-Pierre Lapointe, Attorney-in-fact | |
|--|----------|-------------------------------------|--|
| **Signature of Reporting Person | Date | nature of Reporting Person | |

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

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