FORM 4	
--------	--

## FEDERAL DEPOSIT INSURANCE CORPORATION Washington, D.C. 20429

 Check this 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

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

□ 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*         Banaski       Robert         (Last)       (First)         C/O Northeast Bank 27 Pearl Street         (Street)         Portland       ME         04101				<ol> <li>Issuer Name and Ticker or Trading Symbol         Northeast Bank [NBN]         </li> <li>Date of Earliest         Transcaction Required         to be Reported             (Month/Day/Year)          8/12/2024         </li> <li>Issuer Name and Ticker or Trading Symbol         <ul> <li>A. If Amendment,             Date Original             Filed(Month/Day/Year)</li> </ul> </li> </ol>							5. Relationship of Reporting Person(s) to Issuer         (Check all applicable)         Director         Officer (give title below)         Chief Retail Bankig Officer         6. Individual or Joint/Group Filing (Check Applicable Line)         X         Form filed by One Reporting Person         Form filed by More than One Reporting Person				
(City)	(State)	(Zip)	Table I — Non-Derivative Securities Acqui								posed of, or Beneficia	ally Owned			
1. Title of Security (Instr. 3)		2. Trans- action Date (Month/ Day/	A. Deemed Execution Date, if any (Month/ Day/Year)	action V Code (Instr. 8)		or D	<ul> <li>4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)</li> <li>(A) or</li> </ul>			5. Amount of Securities Beneficially Owned Follow ing Reported Transaction (s (Instr. 3 and 4)		(D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
		Year)		Code	v	Am	nount	(A) or (D)	Price		(Instr. 5 and 4)	(I) (In- str. 4)	(111501. 4)		
Voting Common Stock		8/12/2024	F			612		D	\$64.13		18,702	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.

## Table II — Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conver- sion or Exercise Price of Deri- vative Security	action Date (Month/ Day/	Execution Date, if any	act Co	ion	5. Number of Deriv- ative Securities Ac-quired (A) or Dis-posed of (D) (Instr. 3, 4, and 5)		6. Date Exer- cisable and Expiration Date (Month/Day/ Year)		7. Title and Amount of Underly- ing Securities (Instr. 3 and 4)		8. Price of Deriv- ative Secur- ity (Instr. 5)	of deriv- ative Secur- ities Bene- ficially Owned at End of	ship Form of Deriv- ative Security: Direct (D) or Indirect	11. Nature of Indi- rect Ben- eficial Owner- ship (Instr. 4)
				Code	V	(A)	(D)	Date Exer- cisable	Expira- tion Date	Title Number	Title Number of Shares		Month (Instr. 4)	(I) (Instr. 4)	

Explanation of Responses:

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. *See* 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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 Number.

FDIC 6800/04 (04-23)

/s/ Richard Cohen, Attorney-in-fact

8/14/2024

\*\*Signature of Reporting Person

Date

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure.