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 | | | | | | | | | | |
|-------------------|--|--|--|--|--|--|--|--|--|--|
| IUMBER: 3064-0030 | | | | | | | | | | |

OMB NUMBER: 3064-0030 EXPIRES: 07/31/2013

Estimated average burden hours per response ...0.5

| 1. Name of Reporting Person (Last, First, MI)* | | | 2. Issuer Name | and Tickle | r or Tradin | g Symbol | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|----|---|---|--------------------------------------|-------------|--|------------|---|---|---|---|--|--|
| Wallingford, Judith E | | | Northeast Bank | (NBN) | | | | | Director | | 10% Owner | | |
| Street Address C/O Northeast Bank 27 Pearl Street | | | | | | If Amendment, D Filed <i>(Month/Day</i> | | Officer (Give title below) Other (Specify below) | | | | | |
| | | | | | | | | | or Joint/Group Filing | | e box) | | |
| City State ZIP Code | | | _ | | | | | | rm filed by One Repo | | | | |
| Portland | ME | 04101 | | | | | | ☐ Fo | rm filed by More than | One Reporting P | erson | | |
| Tortiana | | | l - Non-Deriv | ative Se | curities | Acquired, Disp | osed of or | Reneficially | Owned | | | | |
| 1. Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date if any, (Month/ | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Dispose of (D) (Instrs. 3, 4, and 5) | | | 5. Amount of Securities Beneficially Owned Following 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 | | 8/23/2022 | | А | | 620 (1) | Α | \$40.50 | 29,797 | D | | | |
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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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| age | O† | |
| | | |

| | Table II - | Derivative | e Securities | Acquir | ed, Dis | posed o | t or Be | neticially | Owned (| e.g., puts, calls | s, warrants | s, options, | convertible s | ecurities) | |
|--|--|---|---|-----------|----------|--|----------|---|--------------------|--|----------------------------------|---|--|---|--|
| 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) | | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instrs. 3, 4, and 5) | | 6. Date Exercisable and Expiration Date (Month/ Day/Year) | | 7. Title and Amount of Underlying Securities (Instrs. 3 and 4) | | 8. Price of De- rivative Security (Instr. 5) | 9. Number 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 | V | (A) | (D) | Date Ex- ercisable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | (Instr. 4) | |
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| Explanation of Response (1) Represents a restricte | | rd granted to | the reporting (| oerson ur | nder the | Northeast | Bank 202 | 1 Stock Op | tion and Ince | entive Plan. The re | stricted share | s vest immed | liately. | | |
| | | | | | | | | | /s/ Jean-l | Pierre Lapointe, <i>F</i> | Attorney-in-fa | ıct | | 9/24/2022 | |

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

**Signature of Reporting Person

Date

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.

FDIC 6800/04 (10-05)