### 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										
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hours per response ...0.5

3. Date of Earliest Transaction Required to be Reported (Month/Day/Year)   4. If Amendment, Date Original Filed (Month/Day/Year)   5. Individual or Joint/Group Filing (Check applicable box)   Form filed by One Reporting Person   Form filed by More than One R	1. Name of Reporting Person (Last, Fire	2. Issuer Name	and Tickle	r or Tradii	ng Symbol		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Required to be Reported (Month/Day/Year) 3/9/2020    State New York   State Nor Filed   State Nor Filed   State Nor Filed   State Nor Filed   State Nor Form   State Nor Form	Tanner, David	Northeast Bank	[NBN]				Director 10% Owner						
State New York   NY   10022   Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned   Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned	Street Address 300 Park Avenue, 13 <sup>th</sup> Floor	Required to be Reported (Month/Day/Year)					6. Individual or Joint/Group Filing (Check applicable box)						
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year)  2. Transaction Date (Month/Day/Year)  2. Transaction Date (Month/Day/Year)  2. Transaction Date (Month/Day/Year)  2. Transaction Date (Instr. 8)  3. Transaction Code (Instr. 8)  4. Securities Acquired (A) or Disposed of (D) (Instrs. 3, 4, and 5)  5. Amount of Securities Beneficially Owned Follow- ing Reported Transactions (Instr. 4)  4. Securities Beneficially Owned Follow- ing Reported Transactions (Instr. 3 and 4)  As Managing Director of	•	-											
(Instr. 3)  (Month/Day/Year)  Execution Date if any, (Month/Day/Year)  Day/ Year)  Code V Amount (A) or (D) Price  (Instr. 3, 4, and 5)  Securities Beneficially Owned Following Reported Transactions (Instr. 3 and 4)  As Managing Director of		Table	I - Non-Deriv	ative Se	curities	Acquired, Dis	posed of, o	r Beneficially	Owned				
Year)         Code         V         Amount         (A) or (D)         Price         (Instr. 3 and 4)         As Managing Director of	Title of Security     (Instr. 3)		Execu- tion Date if any, (Month/	Code				Disposed	Securities Beneficially Owned Follow- ing Reported		Beneficial Ownership		
As Managing Director of				Code	٧	Amount	(A) or (D)	Price					
	Voting Common Stock	3/9/2020		Р		10,000	А	\$16.22		I			

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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)															
1. Title of Derivative Security (Instr. 3)		3. Trans- action Date (Month/ Day/ Year)	3A. Deemed Execution 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 Trans- action(s)		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)	
Explanation of Respons	es:														

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**

/s/ Jean-Pierre Lapointe

\*\*Signature of Reporting Person

3/10/2020

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.

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