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)

0	MB APPROVAL	
		1

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 Tickler	or Trading	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 500 Canal Street	Required to	be Reported				Officer (Give title below) Other (Specify below) SVP, Director of Operations Other (Specify below)						
										x)		
City State Lewiston ME	ZIP Code 04240	-					Form filed by More than One Reporting Person					
	Northeast Bank [NBN] Mortheast Bank [NBN] Date of Earliest Transaction Required to be Reported (Month/Day/Year) Month/Day/Year) Mon											
1. Title of Security (Instr. 3)		Execu- tion Date if any, (Month/					sposed	Securities Beneficially Owned Follow- ing Reported	Form Direct (D) or Indirect (I)	Beneficial Ownership		
			Code	V	Amount	(A) or (D)	Price					
Voting Common Stock	08/23/2019		F		980	D	\$20.30	21,995	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 ____

FORM 4 (continued)

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)	4. Trans actior Code (Instr	n	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instrs. 3, 4, and 5)			able and on Date ar)	 Title and Amount of Underlying Securities (Instrs. 3 and 4) 		8. Price of De- rivative Security (Instr. 5)	Derivative Securities Beneficially Owned Following Reported Trans- action(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)	

Explanation of Responses:

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

**Signature of Reporting Person

8/26/2019 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

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