## FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

	OMB APP	PROVAL					
	OMB Number:	3235-0287					
	Estimated average burden						
-	houre por reenonce:	0.5					

Blais Marcel (Last) 500 CANAL ST (Street) LEWISTON (City)	,	(Middle)	<u>NO</u>				ding S	Symbol			1				
(Street) LEWISTON (City)	KEE I			2. Issuer Name and Ticker or Trading Symbol NORTHEAST BANCORP /ME/ [ NBN ]  3. Date of Earliest Transaction (Month/Day/Year) 11/26/2007							c all appli Directo Officer below)	icable) or r (give title )	Person(s) to Is  10% O Other ( below) ting Officer	owner (specify	
1. Title of Security		04240 (Zip)	4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)					6. Indi Line)	·					
1. Title of Security	Tab	le I - Non-D	erivative \$	Securiti	es Ac	quired,	Dis	posed o	f, or I	3enet	icially	Owne	d		
	1. Title of Security (Instr. 3)  2. Transar Date (Month/Date				Execution Date,		Code (Instr. 5)		4 and Securities Beneficially Owned Follow		ies ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
					Code	v	Amount	(A)	) or )	rice	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Northeast Bancon	1/26/2007			P		100 A		\$16.15	2,	,554	D				
	Ti	able II - Deri (e.g	ivative Se ., puts, ca									wned			
Security or Exerc (Instr. 3) Price of Derivati	vative Conversion Date Execution D or Exercise (Month/Day/Year) if any		Code (In	Transaction of Code (Instr. Derivative		Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		Der Sec (Ins	vative urity tr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Date Exercisable

Expiration Date

**Explanation of Responses:** 

Marcel C. Blais

Title

11/26/2007

\*\* Signature of Reporting Person

of Shares

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.