

# FORM 4

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

OMB APPROVAL

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

### 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

☐ Check this box if no longer  
subject to Section 16. Form 4 or Form  
5 obligations may continue.  
See Instruction 1(b).

☐ 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*                                                                                                             |                                      |                                                    | 2. Issuer Name <b>and</b> Ticker or Trading Symbol                       |   |                                                                   | 5. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)                                                                                                                                             |                                                                                                                                                 |                                                                                                |                                                          |                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------|--------------------------------------------------------------------------|---|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------|
| <b>Rand Rebecca</b><br>(Last) (First) (Middle)<br>C/O Northeast Bank 27 Pearl Street<br>(Street)<br><b>Portland ME 04101</b><br>(City) (State) (Zip) |                                      |                                                    | <b>Northeast Bank [NBN]</b>                                              |   |                                                                   | <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner<br><input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below)<br><b>Director of Accounting</b> |                                                                                                                                                 |                                                                                                |                                                          |                                                       |
|                                                                                                                                                      |                                      |                                                    | 3. Date of Earliest Transaction Required to be Reported (Month/Day/Year) |   | 4. If Amendment, Date Original Filed (Month/Day/Year)             |                                                                                                                                                                                                                        | 6. Individual or Joint/Group Filing (Check Applicable Line)                                                                                     |                                                                                                |                                                          |                                                       |
|                                                                                                                                                      |                                      |                                                    | 8/18/2026                                                                |   |                                                                   |                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> Form filed by One Reporting Person<br><input type="checkbox"/> Form filed by More than One Reporting Person |                                                                                                |                                                          |                                                       |
| Table I — Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned                                                                     |                                      |                                                    |                                                                          |   |                                                                   |                                                                                                                                                                                                                        |                                                                                                                                                 |                                                                                                |                                                          |                                                       |
| 1. Title of Security (Instr. 3)                                                                                                                      | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8)                                           |   | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |                                                                                                                                                                                                                        |                                                                                                                                                 | 5. Amount of Securities Beneficially Owned Following Reported Transaction (s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|                                                                                                                                                      |                                      |                                                    | Code                                                                     | V | Amount                                                            | (A) or (D)                                                                                                                                                                                                             | Price                                                                                                                                           |                                                                                                |                                                          |                                                       |
| Voting Common Stock                                                                                                                                  | 8/18/2026                            |                                                    | A                                                                        |   | 1,204 (1)                                                         | A                                                                                                                                                                                                                      | \$134.01                                                                                                                                        | 6,783                                                                                          | D                                                        |                                                       |
|                                                                                                                                                      |                                      |                                                    |                                                                          |   |                                                                   |                                                                                                                                                                                                                        |                                                                                                                                                 |                                                                                                |                                                          |                                                       |
|                                                                                                                                                      |                                      |                                                    |                                                                          |   |                                                                   |                                                                                                                                                                                                                        |                                                                                                                                                 |                                                                                                |                                                          |                                                       |
|                                                                                                                                                      |                                      |                                                    |                                                                          |   |                                                                   |                                                                                                                                                                                                                        |                                                                                                                                                 |                                                                                                |                                                          |                                                       |
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|                                                                                                                                                      |                                      |                                                    |                                                                          |   |                                                                   |                                                                                                                                                                                                                        |                                                                                                                                                 |                                                                                                |                                                          |                                                       |
|                                                                                                                                                      |                                      |                                                    |                                                                          |   |                                                                   |                                                                                                                                                                                                                        |                                                                                                                                                 |                                                                                                |                                                          |                                                       |

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. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) |   | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) |     | 6. Date Exercisable and Expiration Date (Month/Day/Year) |                 | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) |                  | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned at End of Month (Instr. 4) | 10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|--------------------------------------------|--------------------------------------------------------|--------------------------------------|----------------------------------------------------|--------------------------------|---|-----------------------------------------------------------------------------------------|-----|----------------------------------------------------------|-----------------|---------------------------------------------------------------|------------------|--------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------|
|                                            |                                                        |                                      |                                                    |                                |   |                                                                                         |     |                                                          |                 |                                                               |                  |                                            |                                                                                  |                                                                                  |                                                        |
|                                            |                                                        |                                      |                                                    | Code                           | V | (A)                                                                                     | (D) | Date Exercisable                                         | Expiration Date | Title                                                         | Number of Shares |                                            |                                                                                  |                                                                                  |                                                        |
|                                            |                                                        |                                      |                                                    |                                |   |                                                                                         |     |                                                          |                 |                                                               |                  |                                            |                                                                                  |                                                                                  |                                                        |
|                                            |                                                        |                                      |                                                    |                                |   |                                                                                         |     |                                                          |                 |                                                               |                  |                                            |                                                                                  |                                                                                  |                                                        |
|                                            |                                                        |                                      |                                                    |                                |   |                                                                                         |     |                                                          |                 |                                                               |                  |                                            |                                                                                  |                                                                                  |                                                        |
|                                            |                                                        |                                      |                                                    |                                |   |                                                                                         |     |                                                          |                 |                                                               |                  |                                            |                                                                                  |                                                                                  |                                                        |
|                                            |                                                        |                                      |                                                    |                                |   |                                                                                         |     |                                                          |                 |                                                               |                  |                                            |                                                                                  |                                                                                  |                                                        |
|                                            |                                                        |                                      |                                                    |                                |   |                                                                                         |     |                                                          |                 |                                                               |                  |                                            |                                                                                  |                                                                                  |                                                        |
|                                            |                                                        |                                      |                                                    |                                |   |                                                                                         |     |                                                          |                 |                                                               |                  |                                            |                                                                                  |                                                                                  |                                                        |
|                                            |                                                        |                                      |                                                    |                                |   |                                                                                         |     |                                                          |                 |                                                               |                  |                                            |                                                                                  |                                                                                  |                                                        |
|                                            |                                                        |                                      |                                                    |                                |   |                                                                                         |     |                                                          |                 |                                                               |                  |                                            |                                                                                  |                                                                                  |                                                        |
|                                            |                                                        |                                      |                                                    |                                |   |                                                                                         |     |                                                          |                 |                                                               |                  |                                            |                                                                                  |                                                                                  |                                                        |
|                                            |                                                        |                                      |                                                    |                                |   |                                                                                         |     |                                                          |                 |                                                               |                  |                                            |                                                                                  |                                                                                  |                                                        |
|                                            |                                                        |                                      |                                                    |                                |   |                                                                                         |     |                                                          |                 |                                                               |                  |                                            |                                                                                  |                                                                                  |                                                        |
|                                            |                                                        |                                      |                                                    |                                |   |                                                                                         |     |                                                          |                 |                                                               |                  |                                            |                                                                                  |                                                                                  |                                                        |

Explanation of Responses:

- (1) Represents a restricted stock award granted to the reporting person under the Northeast Bank 2021 Stock Option and Incentive Plan. The shares vest in three equal installments, commencing August 18, 2027.

/s/ Santino Delmolino, Attorney-in-fact

8/19/2026

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

\*\*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.

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