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 NUMBER: 3064-0030
EXPIRES: 07/31/2013 Estimated average burden hours per response0.5

1. Name of Reporting Person (La	2. Issuer Nam	e and Tickle	er or Tradin	ig Symbol		5. Relationship of Reporting Person(s) to Issuer <i>(Check all applicable)</i>								
Botein, Matthew	Northeast Ban	k [NBN]				Director 10% Owner								
Street Address C/O Northeast Bank 27 Pearl Street	Required to	 Date of Earliest Transaction Required to be Reported (Month/Day/Year) 5/13/2020 			ate Original //Year)	Officer (Give title below) Other (Specify below)								
							 Individual or Joint/Group Filing (Check applicable box) Form filed by One Reporting Person 							
City Portland								Form filed by More than One Reporting Person						
			le I - Non-Deriv	vative Se	curities	Acauired, Disc	osed of, or	r Beneficially	v Owned					
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Yea	e 2A. Deemed	3. Transaction Code		 Securities Act of (D) (Instrs. 	quired (A) or D	-	5. Amount of Securities Beneficially Owned Follow- ing 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	Price (Instr. 3 and 4)					
Voting Common Stock		5/13/2020		Р	696	А	\$15.00	75,196	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 ____

	Table II -	Derivative	e Securities	Acquir	ed, Dis	posed o	of or Be	neficially	Owned (e.g., puts, calls	, warrant	s, options,	convertible s	ecurities)	
 Title of Derivative Security (Instr. 3) 		3. Trans- action Date (Month/ Day/ Year)		4. Trans- 5. action Code (Instr. 8)		Deriva Secur Acqui or Dispo (D) (Instre	Number of Derivative Securities Acquired (A) or Disposed of		able and ion Date // ar)	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		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

5/13/2020

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

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.