## Edgar Filing: NORTHEAST BANCORP /ME/ - Form 4

NORTHEAS' Form 4 August 25, 20		/ME/									
<b>FORM</b>	4									PPROVAL	
	UNITE	D STATES		ITIES Al hington, 1			NGE (	COMMISSION	OMB Number:	3235-0287	
Check this if no longe	ar.								Expires:	January 31, 2005	
subject to STATEMENT O			F CHANGES IN BENEFICIAL OW					NERSHIP OF	Estimated a		
Section 16 Form 4 or		SECUR	TIES				burden hou				
Form 5		ursuant to S	Section 16	b(a) of the	Securiti	es Ex	chang	ge Act of 1934,	response	0.5	
obligation	<sup>s</sup> Section 1						-	f 1935 or Sectio	n		
may contin See Instruc	nue.		of the Inv	•	•	• •					
1(b).											
(Print or Type Ro	esponses)										
1. Name and Ad	ldress of Reportir	ng Person <u>*</u>	2. Issuer	Name and	Ficker or Trading 5. Relationship of			f Reporting Person(s) to			
DiFulvio William F. Symbo								Issuer			
			NORTHEAST BANCORP /ME/ [NBN]					(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction Director					10% Owner			
				Day/Year)				XOfficer (give titleOther (specify below) below)			
CANAL STR	T BANCORP	, 500	08/21/20	)14				Chie	ef Risk Officer		
CANAL SIF											
				endment, Date Original				6. Individual or Joint/Group Filing(Check			
rned(Mon				nth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
LEWISTON	, ME 04240							Form filed by M Person	Iore than One Ro	eporting	
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	ecuri	ties Ac	quired, Disposed of	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Dec (Month/Day/Year) Executi any		on Date, if	3.4. SecuritiesTransactionAcquired (A) orCodeDisposed of (D)			)	Securities H Beneficially (	5. Ownership Form: Direct D) or	Indirect Beneficial	
		(Month/Day/Ye			r) (Instr. 8) (Instr. 3, 4 and 5)				Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
				(A)			Following Reported				
						or		Transaction(s) (Instr. 3 and 4)			
Vation				Code V	Amount	(D)	Price	(mour. 5 and 4)			
Voting Common	08/21/2014			А	5,000 (1)	A	\$0	7,111	D		
Stock											

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

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 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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Underlying Securities (Instr. 3 and 4)		8. Price Deriva Securit (Instr. :
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (Right to Buy)	\$ 9.38					(2)	01/31/2023	Voting Common Stock	13,224	

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
DiFulvio William F. NORTHEAST BANCORP 500 CANAL STREET LEWISTON, ME 04240			Chief Risk Officer					
Signatures								
/s/ Claire Bean, attorney-in-fact	08/	25/2014						
**Signature of Reporting Person		Date						

## **Explanation of Responses:**

- \* 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).
- (1) Represents a restricted stock award granted to the reporting person under the Northeast Bancorp Amended and Restated 2010 Stock Option and Incentive Plan. The restricted shares vest in three equal annual installments, commencing on August 21, 2017.
- (2) The stock option becomes exercisable in three equal annual installments, commencing on January 31, 2016.

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