FORM 5

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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	Wash	ningto	n, I	D.	C.	2054	9	

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

OMB APPROVAL									
OMB Number: 3235-0362									
Estimated average burden									
hours per response:									

Form 3 Holdings Reported.

Filed purcuant to Section 16(a) of the Securities Evolution Act of 1024

1. Name and Address Razon-Feingo		rson*	2. Issuer Name Newtek Bı		Relationship Check all appl X Direct	licable)	ting Person(s)	to Issuer % Owner				
(Last) 4800 T-REX AV SUITE 120	(First) ENUE	(Middle)	3. Statement fo 12/31/2021	r Issuer's Fisc	al Year Ended (ay/Year)	Officer (give title Other (specify below) below)					
(Street) BOCA RATON (City)	FL (State)	33431 (Zip)	4. If Amendmer	nt, Date of Oriq	ginal Filed (Mon	ith/Day/Ye		ine) X Form	filed by O	up Filing (Che ne Reporting F lore than One	Person	
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)			ative Securiti	Execution Date, Transaction Of (D) (Instr. 3, 4 and 5) f any Code (Instr.						6. Ownership Form: Direct		
1. Title of Security (In	str. 3)	Date	2A. Deemed Execution Date, if any	Transaction Code (Instr.	4. Securities A		A) or Dispose	d 5. Amour Securities Beneficia	nt of es ally	Ownership Form: Direct	7. Nature of Indirect Beneficial	
1. Title of Security (In	str. 3)	Date	Execution Date,	Transaction Code (Instr.	4. Securities A		A) or Dispose	d 5. Amour	nt of s ally t end of Fiscal	Ownership	Indirect	
Title of Security (In Common stock	str. 3)	Date	Execution Date, if any	Transaction Code (Instr.	4. Securities A Of (D) (Instr. 3,	4 and 5)	· ·	d 5. Amour Securities Beneficia Owned at Issuer's F Year (Inst	nt of es ally t end of Fiscal tr. 3 and	Ownership Form: Direct (D) or Indirect (I)	Indirect Beneficial Ownership	
	str. 3)	Date (Month/Day/Year)	Execution Date, if any	Transaction Code (Instr. 8)	4. Securities A Of (D) (Instr. 3,	(A) or (D)	Price	5. Amour Securities Beneficia Owned at Issuer's F Year (Inst 4)	nt of se	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial Ownership	
Common stock	str. 3)	Date (Month/Day/Year) 03/31/2021	Execution Date, if any	$\begin{array}{c} \text{Transaction} \\ \text{Code (Instr. 8)} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\$	4. Securities A Of (D) (Instr. 3, Amount	4 and 5) (A) or (D) A	Price \$26.7	d 5. Amour Securitie Beneficia Owned at Issuer's F Year (Inst 4)	nt of es allly t end of Fiscal tr. 3 and	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial Ownership	

(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 Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. Shares received by Reporting Person pursuant to regular quarterly dividend declared by Issuer

Remarks:

Halli Razon-Feingold

01/10/2022

** Signature of Reporting Person Date

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).
- ** 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.