## FORM 5

Check this box if no longer subject

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

**OWNERSHIP** 

 	• ., .	 	O	– •	•	•••	_	_
			Wa	shingt	on,	D.	C. :	2054

	•				
A NINILIA L OTATERACNIT	$\sim$ E	CHANGEO	INI	DENIEL	
ANNUAL STATEMENT	OF	CHANGES	IN	BENEFIC	JIAL

OMB APP	ROVAL
OMB Number:	3235-0362
Estimated average	burden
hours per response	: 1.0

to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Form 3 Holdings Reported.

1. Title of Derivative Security (Instr. 3)	2. Conversi or Exerci Price of Derivativ Security	ion ise	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	of Der Sec Acq (A)	rivative (l curities quired	Expi	ite Exercisable ar ration Date th/Day/Year)	S	. Title and amount of securities Inderlying Perivative security (Instand 4)	Dei Sed (Ins	Price of rivative curity str. 5)	9. Number derivative Securitie Beneficia Owned Following Reported	e s ally	10. Owners Form: Direct (I or Indire (I) (Instr	hip ( I D) ( ect (	11. Natur of Indired Beneficia Ownersh (Instr. 4)
			Та	ble II - Derivat (e.g., p					, Disposed o				Owne	d				
Common stock 12/30/2022					<b>P</b> (1)			90	A	\$16.2	25	2,170		D				
Common stock			09/30/2022		<b>P</b> (1)			80	Α	\$16.3	32	2,170		D				
			(	(Month/Day/Year)		8)		Amount	(A) or (D) Price		Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)		at end of Fiscal	(D) or Indirect (I) (Instr. 4)		Ownership (Instr. 4)		
1. Title of Security (Instr. 3)  2. Transaction Date				2A. Deemed Securities Acquired Transaction Code (Instr.		on						nt of 6.		ership Indii		lature of irect		
(City)		(Sta	•	Zip)	11 0													
BOCA R	RATON	FL	3	3431										filed by M				
(Street)						.,	3	,	,-	/	Line)		filed by O		•			
SUITE 1	120				4. If Amend	lment	t. Date of	Oria	inal Filed (Month	h/Dav/	Year)	6. Indi	ividual o	r Joint/Gro	up Fili	na (Chec	k App	licable
(Last) 4800 T-F	REX AV	(Firs	,	Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2022					Day/Year)		Office belov	er (give title v)	e	Oth belo	er (spo ow)	ecify	
PEREZ-HICKMAN FERNANDO				NewtekOne, Inc. [ NEWT ]					(Check all applicable)  X Director			10% O						
1. Name and Address of Reporting Person* PEREZ-HICKMAN FERNANDO			2. Issuer Name and Ticker or Trading Symbol NewtekOne, Inc. [ NEWT ]						[' '' '									

## **Explanation of Responses:**

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

## Remarks:

Fernando Perez-Hickman

Amount or Number

of Shares

01/18/2023

\*\* Signature of Reporting Person

Expiration Date

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.

Date Exercisable