FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
-------------	------	-------	--

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
hours per response	. 05									

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

	tion 1(b).			Filed						ties Exchang mpany Act o		.934		Tiours	per resp	UIISE.	0.5	
1. Name and Address of Reporting Person* SLOANE BARRY					2. Issuer Name <b>and</b> Ticker or Trading Symbol NewtekOne, Inc. [ NEWT ]							5. Relationship of Reporting Person(s) to Issu (Check all applicable)  X Director 10% Own						
(Last) 4800 T-F	(Last) (First) (Middle) 4800 T-REX AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 08/15/2023							X Officer (give title below)  Chairman 8			Other (specify below)	
SUITE 120						4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person					
(Street) BOCA RATON FL 33431												Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)		Rule 10b5-1(c) Transaction Indication													
			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.															
		Tabl	e I - No	n-Deriva	tive S	Securi	ties Acc	uired	, Dis	posed of	, or Be	neficia	ally Own	ed				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day			Execution Date,		ion Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			Securi Benefi Owned	cially I Following	6. Own Form: I (D) or I (I) (Inst	Direct ndirect tr. 4)	7. Nature of Indirect Beneficial Ownership			
					Code	v	Amount	(A) or (D)	Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)				
Common stock 08/15/2				023			P		2,000	A	\$17.5	59 1,126,048		Ι	)			
		Ta	able II							osed of, convertib				d				
1. Title of Derivative Security (Instr. 3)				ransaction of Ode (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)			Amount of Securities Se		8. Price of Derivative Security (Instr. 5)	rivative derivative curity Securities		vnership orm: rect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Date Exercisable

**Explanation of Responses:** 

Remarks:

Barry Sloane

Expiration Date

08/15/2023

\*\* Signature of Reporting Person Date

Amount or Number

of Shares

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).

Code

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.