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: 0.5

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* SLOANE BARRY					2. Issuer Name and Ticker or Trading Symbol NewtekOne, Inc. [ NEWT ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner					
(Last) (First) (Middle) 4800 T-REX AVENUE SUITE 120					3. Date of Earliest Transaction (Month/Day/Year) 09/23/2024									V	Office	(specify ()			
(Street)	RATON FL		33431 (Zip)		4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person  Form filed by More than One Reporting Person					
(Oity)	(0.0			on-Deriva	tive	Secur	ities A	\cq	uirec	d, Di	sposed of	, or E	Benefic	cially	Own	ed			
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date,		7	3. Transaction Code (Instr. 8)		4. Securities Acquired (A)			r 5. Amou sind 5) Securitie Benefici Owned I		ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
							9	Code	v	Amount	(A) or (D)	Price			ted action(s) 3 and 4)		(Instr. 4)		
Common	stock			09/23/20	24				P		10,000	A	\$11.	7954	1,1	57,323	D		
Common	stock			09/23/20	24				P		10,000	A	\$11.0	6905	1,1	67,323	D		
Common	Common stock 09/23/20			24				P		10,000	A	\$11	\$11.68		77,323	D			
Common stock 09/2			09/23/20	3/2024				P		1,134	A	\$11.	\$11.7485		78,457	D			
Common stock 09/23			09/23/20	.024				P		5,386	A	\$11	\$11.79		83,843	D			
Common stock 09			09/23/2024					P		3,614	A	\$11.9195		1,187,457		D			
Common	stock			09/24/20	24				<b>G</b> <sup>(1)</sup>		40,134	D	\$	0	1,1	47,323	D		
		Та	able II								oosed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date Exec (Month/Day/Year) if an		eemed ution Date, / th/Day/Year)	4. Transa Code 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exe Expiration I (Month/Day			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Der Sec (Ins	ivative surity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficia Ownershi t (Instr. 4)	
					Code	v	(A) (i		Date Exerc	isable	Expiration Date	Title	Amoun or Number of Shares	r					

## Explanation of Responses:

1. Represents a bona fide gift of securities by the Reporting Person to the CAMCO ONE IRREVOCABLE TRUST (the "Trust"). The Reporting Person is the grantor of the Trust and does not have voting or investment control over the securities and disclaims beneficial ownership of the securities.

## Remarks:

Barry Sloane

09/24/2024

\*\* Signature of Reporting Person Da

Date

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

- $^{\star}$  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.