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 1005-

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(c). S	ee Instruction	10.																			
Name and Address of Reporting Person* Downs Peter Mathison				2. Issuer Name and Ticker or Trading Symbol NewtekOne, Inc. [NEWT]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)									
Downs Peter Matmison					[✓ Direct	ctor		10% Ov	vner			
															-		er (give title		Other (s	specify	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)									below) below) Chief Lending Officer							
4800 T-REX AVENUE				10/04/2024											Cilici Len	umg	Officer				
SUITE 120																					
-						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)	AMONE T																filed by On	e Ren	ortina Perso	n l	
BOCA R	ATON F	L	3.	3431												Form filed by One Reporting Person Form filed by More than One Reporting					
,																Pers					
(City)	(5	State)	(Z	ip)																	
			Table	I - Nor	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or l	Bene	eficia	ally Own	ed				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Date)					Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. 5)					nd Securi Benefi	ities Fo icially (D d Following (I)		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
									Code	v	Amount	(A (D) or)	Price	Transa	Transaction(s) (Instr. 3 and 4)			(111301. 4)		
Common stock 10/04/2					/2024				A ⁽¹⁾		10,297		A	\$0	9	91,379		D			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																					
4 Title of	_	2 Tuonas							-				_			8. Price of	O Number		40	11. Nature	
1. Title of Derivative Security 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date Execution E (Month/Day/Year) (Month/Day (Month/Day)				on Date,	4. Transaction Code (Instr. 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		,	8. Price of Derivative Security (Instr. 5)	derivative Securities	Owner Form: Direct or Indi (I) (Ins	Ownership	of Indirect Beneficial Ownership (Instr. 4)		
						Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Nun of	ount nber ires						

Explanation of Responses:

1. On October 4, 2024, under the Shareholder and Board approved NewtekOne, Inc. 2023 Stock Incentive Plan, the reporting person was granted 10,297 restricted shares of the Issuer's common stock as a restricted stock award with 100% of the shares vesting after twelve (12) months. Dividends in the form of common stock will be paid during the restricted period, and such common stock will also vest pursuant to the vesting schedule.

Remarks:

Peter Downs

10/08/2024

** 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.