FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-028									
Estimated average burden									
hours per response:	0.5								

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

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)						
DOWIIS	reter ivi	<u>aumsom</u>					,		L					V	Direc	tor		10% Ov	vner
(Last)	(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 07/01/2024							V	Officer (give title below)			Other (s below)	specify
4800 T-REX AVENUE					""	1,202									(Chief Len	ding	Officer	
SUITE 120					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)														V	Form	filed by On	e Rep	orting Perso	on
	ATON FI	3	3431												Form Perso		re tha	n One Repo	orting
(City)	(St	tate) (2	Zip)		Rul	e 10)b5-	1(c)	Trans	sact	ion Indi	catio	on						
Check this box to indicate that a transaction was made pursuant to a con satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction										ntract, instruction or written plan that is intended to tion 10.									
		Table	I - Nor	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Bene	ficial	y Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					Exec ay/Year) if an		Deemed ecution Date, ny onth/Day/Year)					es Acquired (A Of (D) (Instr. 3,		, 4 and Secu Bene Owne		cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) (D)	or F	Price		ted action(s) 3 and 4)			(Instr. 4)
Common stock				07/01/	/2024				A ⁽¹⁾		9,944	I	A .	\$0		81,082		D	
		Tal									osed of,				Owne	d	,	,	
				(e.g., pu	ns, ca	iiis, v	warra	ints,	optioi	is, c	onvertib	ie se	curit	ies)					
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution Date urity or Exercise (Month/Day/Year) if any			on Date,	Date, Transaction Code (Instr.		5. Nu of Deriv Secu Acqu (A) of Dispo of (D) (Instr	rities lired r osed) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		D S (Ii	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	re es ally ng d tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Code		v	(A)	(D)			Expiration Date	Title	Amor or Numl of Share	ber								

Explanation of Responses:

1. On July 1, 2024, under the Shareholder and Board approved NewtekOne, Inc. 2023 Stock Incentive Plan, the reporting person was granted 9,944 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

07/02/2024

** 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.