FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D C | 20540 | |
|--------------|------|-------|--|
| vvasnington, | D.C. | 20049 | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

OMB APPROVAL

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

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* Mulia Salvatore Francis | | | | | 2. Issuer Name and Ticker or Trading Symbol NewtekOne, Inc. [NEWT] | | | | | | | | | all app Direc | licable) tor | ing Person(s) to Issuer 10% Owner | | | |
|---|---|--------------------|--|-----------------|--|--|--|--------------|--------|--------------------|--|------------------------------|---|---|---|--------------------------------------|--|-------------------------------------|--|
| | REX AVEN | , | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 08/21/2024 | | | | | | | | | Officer (give title below) | | | Other (specify below) | | |
| SUITE 1 | SUITE 120 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | reet) OCA RATON FL 33431 | | | | | | | | | | | | | Form filed by One Reporting Person Form filed by More than One Report Person | | | | | |
| (City) | (S | tate) (Z | Zip) | | | | | | | | | | | | | | | | |
| | | Table | I - Non-Dei | ivative | Sec | uritie | es Ac | quired | d, Dis | sposed of | , or B | Benefic | ially | Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | | | l and 5) Secu Bene Own | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | v | Amount | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common stock 08/21/20 | | | | | 024 | | S ⁽¹⁾ | | 750 | D | \$12.5 | 2.5115 | | 45,291 | | D | | | |
| | | Tal | ble II - Deriv (e.g., | | | | | | | osed of, convertib | | | | wne | d | , | · | | |
| Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | e (Month/Day/Year) | 3A. Deemed Execution Datif any (Month/Day/Ye | Cod | Transaction Code (Instr. | | Number erivative curities quired) or sposed (D) str. 3, 4 d 5) | Expiration D | | ate | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) | | | | | y [1] | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficia Ownershi (Instr. 4) | |
| | | | | | | | | | | | | Amount or Number | 1 | | | | | | |

Explanation of Responses:

1. Pursuant to 10b5-1 plan adopted by the Reporting Person on June 20, 2023.

Remarks:

Sal Mulia

08/21/2024

** 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.