# FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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

SEC 1474 (9-02)

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 OF SECURITIES

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

(Print or Type Response	s)	<u>-</u>									
1. Name and Address of SHOVLIN ROBER	2. Issuer Name and Ticker or Trading Symbol NEOGENOMICS INC [NEO]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner				
12701 COMMONW	3. Date of Earliest Transaction (Month/Day/Year) 02/26/2019						X Officer (give title below) Other (specify below)  President, Clinical Services				
FORT MYERS, FL	4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person _ Form filed by More than One Reporting Person				
(City)	(State)	(Zip)		Table I - N	on-D	erivative S	red, Disposed of, or Beneficially Owne	Disposed of, or Beneficially Owned			
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	Execution Date, if any	Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Owned Following Reported Transaction(s)		Beneficial
			(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock		02/26/2019		М		119,348	A	\$ 7.15	242,739	D	
Common Stock		02/26/2019		М		66,666	A	\$ 7.52	309,405	D	
Common Stock		02/26/2019		S		141,879	D	\$ 18.88	167,526	D	
Common Stock		02/27/2019		S		44,135	D	\$ 19.23	123,391	D	
Common Stock		02/28/2019		М		13,986	A	\$ 7.15	137,377	D	
Reminder: Report on a s	enarate line for each o	class of securities be	neficially owned dire	ectly or indi	rectly						

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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Security	Conversion	Date (Month/Day/Year)	Execution Date, if	Code	tion )	Deri Secu Acq or D of (I	vative urities uired (A) visposed D) tr. 3, 4,	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	Securities Beneficially Owned Following	Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficial
				Code	V	(A)		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Stock Option (Right to Buy)	\$ 7.15	02/26/2019		М			119,348	04/20/2017(1)		Common Stock	119,348.00	\$ 0	80,652	D	
Stock Option (Right to Buy)	\$ 7.15	02/28/2019		M			13,986	04/20/2017(1)	04/20/2021	Common Stock	13,986.00	\$ 0	66,666	D	
Stock Option (Right to Buy)	\$ 7.52	02/26/2019		M			66,666	04/28/2018(2)	04/28/2022	Common Stock	66,666.00	\$ 0	133,334	D	
Stock Option (Right to Buy)	\$ 8.03							02/26/2019(3)	02/26/2023	Common Stock	288,500.00		288,500	D	

### **Reporting Owners**

Describer Comment Vision / Address	Relationships							
Reporting Owner Name / Address	Director	Director 10% Owner Officer		Other				
SHOVLIN ROBERT J. 12701 COMMONWEALTH DRIVE SUITE 9 FORT MYERS, FL 33913			President, Clinical Services					

## **Signatures**

# **Explanation of Responses:**

- \* 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).
- (1) On April 20, 2016, Mr. Shovlin was granted 200,000 stock options. These options vest ratably over the first three anniversary dates of the grant date.
- (2) On April 28, 2017, Mr. Shovlin was granted 200,000 stock options. These options vest ratably over the first three anniversary dates of the grant date.
- (3) On February 26, 2018, Mr. Shovlin was granted 288,500 stock options. These options vest ratably over the first three anniversary dates of the grant date.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.