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

OMB APPROV	AL			
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longer subject to Section 16. Form 4 or Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Form 5 obligations may 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 Ty	pe Response	s)															
1. Name and Address of Reporting Person * SHOVLIN ROBERT J.					2. Issuer Name and Ticker or Trading Symbol NEOGENOMICS INC [NEO]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Middle) 12701 COMMONWEALTH DRIVE SUITE 9					3. Date of Earliest Transaction (Month/Day/Year) 05/25/2019								X_Officer (give title below) Other (specify below) President, Clinical Services				
(Street)				4. I	4. If Amendment, Date 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				
FORT MYERS, FL 33913																	
(Ci	ty)	(State)	(Zip)					Table I - N	on-De	erivative S	ecuri	ties Acquir	ed, Disposed of	, or Benefic	ially Owned		
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea			ear) I	2A. Deemed Execution Date, if any (Month/Day/Year)		(Instr. 8)		(A) or Disposed of (D)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Ownership Form:	7. Nature of Indirect Beneficial Ownership		
					ivionu	/ Дау/ 1	car	Code	V	Amount	(A) (D)	or				(Instr. 4)	
Common	Stock		05/25/2019					F		6,559 (1)	D	\$ 0 1	155,748			)	
1. Title of Derivative Security (Instr. 3)			3A. Deemed Execution Date, if	4. Trans Code	g., pu	5. Numl of Deriv Secur Acqu (A) o Dispo	ber vative rities ired r	ti c	his for current l, Dispons, constant ercisal Date	orm are noting valid posed of, one onvertible ole and	ot rec OMB or Ben	quired to r control n eficially Ov rities) 7. Title and Underlying	d to the collection of in lired to respond unless control number. ficially Owned ties) Title and Amount of Inderlying Securities Instr. 3 and 4)			f 10. Ownersl Form of Derivati Security Direct (I or Indire	Ownersh (Instr. 4)
				Cod	e V	(Instr 4, and		Date Exercisable	e	Expiration Date	on	Title	Amount or Number of Shares				
Stock Option (Right to Buy)	\$ 7.52			Cod		(11)	(D)	04/28/20	18(2)	04/28/2	2022	Common Stock			66,667	D	
Stock Option (Right to Buy)	\$ 8.03							02/26/20	19 <mark>(3)</mark>	02/26/2	2023	Common Stock	288,500.00		288,500	D	
Stock Option (Right to Buy)	\$ 19.60							03/01/20	20 <sup>(4)</sup>	03/01/2	2024	Common Stock	66,897.00		66,897	D	

# **Reporting Owners**

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

# **Signatures**

/s/ Robert J. Shovlin	05/29/2019
**Signature of Reporting Person	Date

## **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) Shares withheld by NeoGenomics Inc. to satisfy the tax obligations in connection with the May 25, 2019 vesting of restricted stock.
- (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.
- (4) On March 1, 2019, Mr. Shovlin was granted 66,897 stock options. The options vest ratably over the first four 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.