

(Print or Type Responses)

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) <div>Director _____ 10% Owner _____</div> <div><input checked="" type="checkbox"/> Officer (give title below) _____ Other (specify below) _____</div> <div>President, Clinical Services</div>		
(Last) (First) (Middle) 12701 COMMONWEALTH DRIVE SUITE 9			3. Date of Earliest Transaction (Month/Day/Year) 10/31/2019					
(Street) FORT MYERS, FL 33913			4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) <div><input checked="" type="checkbox"/> Form filed by One Reporting Person</div> <div><input type="checkbox"/> Form filed by More than One Reporting Person</div>		
(City) (State) (Zip)			Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned					
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	V	Amount	(A) or (D)	Price	
Common Stock	10/31/2019		M		96,166	A	\$ 8.03	251,914
Common Stock	10/31/2019		S		70,473	D	\$ 23.11	181,441
Common Stock	11/01/2019		S		35,801	D	\$ 22.74	145,640

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)															
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
							Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Stock Option (Right to Buy)	\$ 8.03	10/31/2019		M			96,166	02/26/2019 ⁽¹⁾	02/26/2023	Common Stock	96,166.00	\$ 0	192,334	D	
Stock Option (Right to Buy)	\$ 7.52							04/28/2018 ⁽²⁾	04/28/2022	Common Stock	66,667.00		66,667	D	
Stock Option (Right to Buy)	\$ 19.60							03/01/2020 ⁽³⁾	03/01/2024	Common Stock	66,897.00		66,897	D	

Reporting Owners

Reporting Owner Name / Address	Relationships			
	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	11/04/2019

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 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.
- (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 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.