FORM 4

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

OMB APPROVAL

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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 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) Director 10% Owner							
(Last) (First) (Middle) 12701 COMMONWEALTH DRIVE SUITE 9					3. Date of Earliest Transaction (Month/Day/Year) 03/04/2020								X Officer (give title below) Other (specify below) President, Clinical Services							
(Street) FORT MYERS, FL 33913				4. If	4. If Amendment, Date Original Filed(Month/Day/Year)								6. Individual or Joint/Group FilingCheck Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person							
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqui							ired, Disposed of, or Beneficially Owned									
(Instr. 3) Da			2. Transaction Date (Month/Day/Ye	Ex ear) any			te, if Co	Transaction Code Instr. 8)		(A)	4. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5)				Following ction(s)	ecurities Beneficially ng Reported		6. Ownership Form: Direct (D) or Indirect	of In Bene Own	eficial ership
								Code	V	Am	ount	(A) or (D)	Price					(I) (Instr. 4)		
Common	Stock		03/04/2020				M		96,	167		\$ 8.03	249,73	33			D			
Common	Stock		03/04/2020				S		98,	093	1)	\$ 30.86	151,64	151,640			D			
	•		n class of securities b						Perso this fo curre	orm ntly	are r valid	not requ d OMB o		respon number	nd unless		contained displays a	in SEC	1474	(9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date Execution Date, if Transaction of Derivative E		6. Date Expirati	Date Exercisable and 7. Titl xpiration Date Under				7. Title a	Fitle and Amount of derlying Securities str. 3 and 4) 8. Price of Derivative Security (Instr. 5)		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	Owners Form o Derivat Securit Direct (or Indir	tive Ownershi (Instr. 4) (D) rect						
				Code	V	(A)	(D)	Date Exercis	able		Expira Date	ation	Title	Nu	mount or imber of ares		(Instr. 4)	(Instr. 4	1)	
Stock Option (Right to Buy)	\$ 8.03	03/04/2020		M			96,167	02/26/	2019	(1)	02/20	6/2023	Comm		5,167.00	\$ 0	96,167	D		
Stock Option (Right to Buy)	\$ 7.52							04/28/	2018	(2)	04/28	8/2022	Comm	166	5,667.00		66,667	D		
Stock Option (Right to Buy)	\$ 19.60							03/01/	2020	(3)	03/0	1/2024	Comm Stock	Inn	5,897.00		66,897	D		
Stock Option (Right to Buy)	\$ 28.33							03/02/	2021	(4)	03/02	2/2027	Comm Stocl	120	5,271.00		56,271	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	03/05/2020
**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) 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. These options vest ratably over the first four anniversary dates of the grant date.
- (4) On March 2, 2020, Mr. Shovlin was granted 56,271 stock options. These 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.