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

Name and Address of Reporting Person Dieter Cynthia J				2. Issuer Name and Ticker or Trading Symbol NEOGENOMICS INC [NEO]						5.	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) 06/22/2020							X Officer (give title below) Other (specify below) Chief Accounting Officer					
(Street) FORT MYERS, FL 33913			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						
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqu						es Acquire	uired, Disposed of, or Beneficially Owned					
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if r) any (Month/Day/Year)		e, if	3. Trans Code (Instr. 8		4. Securities Ac (A) or Disposed (Instr. 3, 4 and 5		of (D) O	5. Amount of Securities Beneficially Dwned Following Reported Fransaction(s) Instr. 3 and 4)		d (6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership	
							Code	e V	Amount	(A) or (D)	Price	or Indirect (I) (Instr. 4)		(Instr. 4)		
Common	Stock		06/22/2020				A		605 A	4	\$ 0 60	05		1)	
Reminder:	Report on a s	oparate interest					•	in this	form are	not r	required t	collection o to respond B control n	unless the	ion containd form	ed SEC	1474 (9-02)
	·		Table II -	(<i>e.g.</i> , pu	ive Secu	, wai	rrants, c	in this displa nired, Dispoptions, o	form are ys a curre oosed of, or onvertible	not r ently r Bend secur	required t valid OM eficially O rities)	o respond on B control n	unless the umber.	form		, ,
1. Title of Derivative	2. Conversion	3. Transaction	Table II - 3A. Deemed Execution Date, if	(e.g., pu 4. Transac Code	ive Sect ts, calls 5 tion of De) See Ac (A Dis	Numberivati curiti equire) or spose	ber 6. Ex ive (M	in this displa nired, Dispoptions, o	form are ys a curre cosed of, or convertible reisable and Date	not rently	required to valid OM eficially Orities) 7. Title and	orespond of B control n wned I Amount of g Securities	unless the umber. 8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Owners Form of Derivat Security Direct (or Indir	11. Natur of Indirect Beneficia Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - 3A. Deemed Execution Date, if any	(e.g., pu 4. Transac Code	ive Sect ts, calls 5 tion of De) See Ac (A Dia of (In	Numberivati curiti equire) or spose (D) astr. 3	ber 6. Ex ive (M	in this displanted, Dispositions, of Date Exexpiration 1	form are ys a curre cosed of, or convertible reisable and Date	not rently	required to valid OM eficially Orities) 7. Title and Underlying	orespond of B control n wned I Amount of g Securities	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following	10. Owners Form of Derivat Security Direct (or Indir	11. Natur of Indired Beneficia Ownersh (Instr. 4)
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	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Dieter Cynthia J 12701 COMMONWEALTH DRIVE SUITE 9 FORT MYERS, FL 33913			Chief Accounting Officer			

Signatures

/s/ Cynthia J. Dieter	06/23/2020
***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 June 22, 2020, Ms. Dieter was granted 3,968 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.