FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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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* Johnson Kevin C				2. Issuer Name and Ticker or Trading Symbol NEOGENOMICS INC [NEO]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_ Director 10% Owner								
12701 COMMONWEALTH DRIVE SUITE 9				3. Date of Earliest Transaction (Month/Day/Year) 06/02/2021								Officer (give	title below)		er (specify belo	ow)			
(Street)				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								
FORT MYERS, FL 33913												To this freed by More shall one Reporting 1 closes							
(Cit	y)	(State)	(Zip)				Tal	ole I - No	n-Der	ivative S	ecuriti	es Acqu	ired,	Disposed of	of, or Benef	icially Owne	ed		
(Instr. 3) Date			2. Transaction Date (Month/Day/Yea			f Co	(Instr. 8)		4. Securities Acquire (A) or Disposed of (I (Instr. 3, 4 and 5)		of (D)	of (D) Owned Follow Transaction(s)		ecurities Beneficially ing Reported		6. Ownership Form:	7. Na of Inc Bene	direct	
				(Mor	(Month/Day/Year)		•)	Code V		(A) or					Direct (D) or Indirect (I)	Owne (Instr	ership r. 4)		
Common Stock 06/02/202			06/02/2021				Code A		Amount 3,081	(D)	Price \$ 0	34,0)6 <i>1</i>			(Instr. 4) D			
Common	Stock		00/02/2021					A	·	3,001	A	\$ 0	34,0				D		
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 SEC 1474 (9-02) in this form are not required to respond unless the form displays a currently valid OMB control number.																		
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) 1. Title of Derivative Security 2.				tive ies ed	Expiration Date (Month/Day/Year) Und (Inst			Underly	Underlying Securities Instr. 3 and 4) Deriv Securities (Instr. 5)		8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form o Derivat Securit Direct (or India	ship of B ive Oy: (I	1. Natur f Indirect geneficia Ownershi Instr. 4)				
				Code	V	(A)	(D)	Date Exercis	able	Expirati Date	on	Title]	Amount or Number of Shares					
Stock Options (Right to Buy)	\$ 7.27							C	<u>1)</u>	05/25/2	2022	Comm		3,334.00		3,334	D		
Stock Options (Right to Buy)	\$ 22.52							06/06/	/2020	06/06/2	2026	Comm	ion k	4,269.00		4,269	D		
Stock Options (Right to Buy)	\$ 28.54							05/28/	/2021	05/28/2	2027	Comm		3,448.00		3,448	D		
Stock Options (Right to Buy)	\$ 40.90	06/02/2021		A		3,714		06/02/	/2022	06/02/2	2028	Comm	non k	3,714.00	\$ 0	3,714	D		

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Johnson Kevin C 12701 COMMONWEALTH DRIVE SUITE 9 FORT MYERS, FL 33913	X					

Signatures

/s/ Kevin C. Johnson	06/04/2021
**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 May 25, 2017, Mr. Johnson was granted 10,000 stock options. The options vested 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.