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 * HANNAH ALISON L. | | | | 2. Issuer Name and Ticker or Trading Symbol NEOGENOMICS INC [NEO] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)X_ Director10% Owner | | | | | | | | |
| (Last) (First) (Middle) 12701 COMMONWEALTH DRIVE SUITE 9 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/02/2021 | | | | | | | Officer (give title below) Other (specify below) | | | | | | | |
| (Street) | | | | 4. If Ar | 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 | | | | | | | |
| | YERS, FL | | (7:) | | | | | | | | | | | rom med by w | lore than One K | ecporting r crson | | | |
| (Cit | .y) | (State) | (Zip) | | | | Tab | ole I - No | n-Der | ivative S | Securiti | ies Acqu | ired | , Disposed o | of, or Benef | icially Owne | ed | | |
| (Instr. 3) Date | | | 2. Transaction Date (Month/Day/Yea | 2A. Deemed Execution Date, if any (Month/Day/Year) | | f Co (In | 3. Transactio Code (Instr. 8) | | 4. Securities Ac (A) or Disposed (Instr. 3, 4 and 5 | | 1 of (D) Ow 5) Tra (Ins | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | | 6. Ownership Form: Direct (D) or Indirect (I) | of In Bene | ature direct eficial tership r. 4) | |
| | | | | | | Code V | | Amount (D) | | Price | | | | | (Instr. 4) | | | | |
| Common Stock 06/02/2021 | | | | | | | A | | 3,081 | A | \$ 0 | 91, | ,877 | | | D | | | |
| Reminder: | Report on a s | separate line for each | n class of securities b | peneficia | lly c | owned di | rectly | y or indi | rectly. | | | | | | | | | | |
| | | | | | | | | ir | this | form ar | e not r | | d to | respond u | | on containe form displa | | 1474 | (9-02) |
| | | | Table II | | | Securit | | | | | | | Owi | ned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | Code | | 5. Num of Derivat Securiti Acquire (A) or Dispose of (D) (Instr. 3 and 5) | tive ies ed | Expirat | 5. Date Exercisable and Capitation Date Unit | | 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 (Instr. 4) | Owners Form of Derivat Securit Direct of | ship of Edive (Co.) (D) rect | 1. Natur of Indirect Beneficia Ownershi Instr. 4) | | |
| | | | | Code | V | (A) | (D) | Date Exercis | able | Expirat Date | ion | Title | | Amount or Number of Shares | | | | | |
| Stock Option (Right to Buy) | \$ 11.60 | | | | | | | 06/01/ | /2019 | 06/01/ | /2023 | Comm | | 3,017.00 | | 3,017 | D | | |
| Stock Option (Right to Buy) | \$ 22.52 | | | | | | | 06/06/ | /2020 | 06/06 | /2026 | Comm | non k | 4,269.00 | | 4,269 | D | | |
| Stock Option (Right to Buy) | \$ 28.54 | | | | | | | 05/28/ | /2021 | 05/28 | /2027 | Comm | | 3,448.00 | | 3,448 | D | | |
| Stock Option (Right | \$ 40.90 | 06/02/2021 | | A | | 3,714 | | 06/02/ | /2022 | 06/02 | /2028 | Comm | non k | 3,714.00 | \$ 0 | 3,714 | D | | |

Reporting Owners

| | Relationships | | | | | |
|--|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| HANNAH ALISON L. 12701 COMMONWEALTH DRIVE SUITE 9 FORT MYERS, FL 33913 | X | | | | | |

Signatures

| /s/ Alison L. Hannah | 06/04/2021 |
|---------------------------------|------------|
| **Signature of Reporting Person | Date |

Explanation of Responses:

- \star 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).

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.