FORM 4

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

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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:																
1. Name and Address of Reporting Person * Sholehvar David				NEOGENOMICS INC [NEO] 3. Date of Earliest Transaction (Month/Day/Year) 08/01/2022						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) Other (specify below) President, Clinical Services							
(Last) (First) (Middle) 9490 NEOGENOMICS WAY																	
(Street) FORT MYERS, FL 33912											6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person						
(City) (State) (Zip)			Table I - Non-Derivative Securities Acqu						uire	uired, Disposed of, or Beneficially Owned							
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea				Date, if	(Instr. 8)		(A) or 1	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Benefic Owned Following Reported Transaction(s) (Instr. 3 and 4)			6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership			
			(Month/Day/Ye		ly/ i ear)	C	ode V			A) or (D) Price		,			or Indirect (I) (Instr. 4)	(Instr. 4)	
Common	Stock		08/01/2022				1	A	12,35	2 A	\$ 0	43	3,216			D	
Reminder:	Report on a s	separate line for each	class of securities r	enencia	ny ow	vned dire	ectiy (Per in tl	ons who	are not	t require	d to	collection of o respond un number.				1474 (9-02)
1. Title of	2. Conversion	3. Transaction	Table II 3A. Deemed Execution Date, if	- Deriva (e.g., p 4. Transac Code	ative Souts, c	Securiticalls, wa	es Acarrant er ative es d (A)	Per in tl	is form rrently v isposed o convert cercisable	are not alid Ol f, or Be ible sec	t require MB con eneficiall urities) 7. Title	od to	orespond unnumber. vned Amount of Securities		9. Number o	f 10.	11. Natu hip of Indire Benefici ve Ownersh
1. Title of Derivative Security	2. Conversion or Exercise Price of	3. Transaction Date	Table II 3A. Deemed Execution Date, if any	- Deriva (e.g., p 4. Transac Code	ative Souts, c	Securition calls, was 5. Numb of Deriva Securitie Acquirect	es Acarrant per ative es d (A)	Perin tl a cu quired, L ts, option 6. Date E Expiration	is form rrently v isposed o convert cercisable	are not alid Ol f, or Be ible sec	require MB con eneficially urities) 7. Title Underly	od to	orespond unnumber. vned Amount of Securities	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	f 10. Owners Form of Derivat Security Direct (or Indires)	11. Nature of Indire Benefici Ownersh: (Instr. 4)
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Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Sholehvar David 9490 NEOGENOMICS WAY FORT MYERS, FL 33912			President, Clinical Services			

Signatures

/s/ Ali Olivo, Attorney-in-Fact	08/03/2022
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 August 1, 2022, Dr. Sholehvar was granted 12,352 restricted stock awards. These awards vest ratably over the first four anniversary dates of the grant date.
- (2) On April 1, 2022, Dr. Sholehvar was granted 66,372 stock options. These options vest ratably over the first four anniversary dates of the grant date.
- (3) On August 1, 2022, Dr. Sholehvar was granted 25,826 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.