FORM 3

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

OMB 3235-Number: 0104 Estimated average burden hours per 0.5 response...

OMB APPROVAL

INITIAL STATEMENT OF 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 Type Responses)									
		Year)	ent Requiring 3. Issuer Name and Ticker or Trading Symbol NEOGENOMICS INC [NEO]						
(Last) (First) (Middle) 12701 COMMONWEALTH DRIVE SUITE 9	10/22/2014	Person(s) to		p of Reporting ssuer all applicable)	Filed	5. If Amendment, Date Original Filed(Month/Day/Year)			
FORT MYERS, FL US 33913			Officer (giv		specify 6. Ind Filing _X_Fo	lividual or Joint/Group g(Check Applicable Line) orm filed by One Reporting Person rm filed by More than One Reporting			
(City) (State) (Zip)		Table I - Non-Derivative Securities Beneficially Owned							
1.Title of Security (Instr. 4)		2. Amount of Securities Beneficially Owned (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Common Stock		0		D					
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02) Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number. Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
1. Title of Derivative Security (Instr. 4) 2.	Date Exercisable ad Expiration Dat	3. Tit	tle and Amount of rities Underlying vative Security	4. Conversior or Exercise Price of Derivative Security	5. n Ownershi	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
	ate Expira xercisable Date	Title	Amount or Numb of Shares		Security: Direct (D) or Indirect (I) (Instr. 5)	·			
Reporting Owners									

Reporting Owner Name / Address		Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
CROWTHER BRUCE K							
12701 COMMONWEALTH DRIVE SUITE 9	X						
FORT MYERS, FL US 33913							

Signatures

/s/ Bruce K. Crowther	10/28/2014
**Signature of Reporting Person	Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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.