FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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 Type Responses)																	
	*******		2.1-			T),1	on T 1	C	h a 1		5 Pala	utionship (of Reporting	n Percon(c)	to Jee	uer	
1. Name and Address of Reporting Person – ALBITAR MAHER				Issuer Name and Ticker or Trading Symbol NEOGENOMICS INC [NEO] Date of Earliest Transaction (Month/Day/Year) 05/05/2015							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director Other (sign field below) Other (sign field below)						
(Last) (First) (Middle) 12701 COMMONWEALTH DRIVE SUITE 9											X Officer (give title below) Other (specify below) Chief Medical Officer						
(Street)			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							
FORT MYERS, FL US 33913																	
(City) (S	tate)	(Zip)			Т	able I	- Non-D	erivati	ve Securities	Acqu	ired, Di	isposed o	f, or Benefi	icially Own	ed		
(Instr. 3)		2. Transaction Date (Month/Day/Yea	Exect r) any	2A. Deemed Execution Date, if any (Month/Day/Year)		(Instr. 8)		(A) o	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially				nership on:	7. Nature of Indirect Beneficial Ownership
			(WIOII			Cod	le V	Amo	(A) or (D)	Price	(msu. c	30, 5 ditu 7)		Direct (D) or Indirect (I) (Instr. 4)			
Common Stock											48,492	2		I I I F C		Albitar Oncolog Defined Benefit Plan owns shares	
Common Stock											15,000)			D		
Derivative Conversion Date	h/Day/Year)	Execution Date, if	Code		Securities		5. Date E Expiratio Month/I	n Date	Date y/Year)		. Title and Amount f Underlying ecurities Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	e (F ly [Ownersh Form of Derivativ Security Direct (I	(Instr.
						4,								Following Reported	I	or Indire	
			Code			I	Date Exercisab		Expiration Date	Title	9 1	Amount or Number of Shares		Following	on(s)	or Indire	ct
Option (Right to \$ 1.43			Code		and 5)	(D)	Exercisal	le	•	Cor	e I	or Number		Following Reported Transactio	I (con(s) (or Indire	ct
Stock Option (Right to Buy) Warrants (Right to Buy) \$ 1.43			Code		and 5)	(D)	Exercisal 01/09/20)13 ⁽¹⁾	Date	Cor St	mmon dock	or Number of Shares		Following Reported Transactio (Instr. 4)	on(s) (or Indire (I) (Instr. 4)	ct
Option (Right to Buy) Warrants (Right to \$ 1.43			Code		and 5)	(D)	01/09/20)13 ⁽¹⁾	Date 01/09/2017	Cor St Cor St	mmon tock	or Number of Shares 250,000		Following Reported Transactio (Instr. 4)	I I C C C C C C C C C C C C C C C C C C	or Indire(I) (Instr. 4)	ct

Signatures

ALBITAR MAHER

FORT MYERS, FL US 33913

/s/ Maher Albitar	05/06/2015
Signature of Reporting	Date

12701 COMMONWEALTH DRIVE SUITE 9

Director 10% Owner

Officer

Chief Medical Officer

Other

Person

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) These stock options were granted upon the start of Dr. Albitar's service to the Company and vest ratably over each of his first four anniversaries with the Company.
- (2) These warrants were issued to Dr. Albitar upon the start of his service to the Company and vest upon the acheivement of certain milestones.
- (3) On March 5, 2014 Dr. Albitar was granted 30,000 stock options. The options vest ratably over the first three anniversaries of the grant date.
- (4) On May 5, 2015 Dr. Albitar was granted 300,000 stock options. The options vest 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.