FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL			
OMB	3235-		
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response	0.5		

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)										
1. Name and Address of Reporting Person * TETRAULT LYNN A.	Statem (Mont	2. Date of Event Requiring Statement (Month/Day/Year) — 06/12/2015		ng 3. Issuer Name and Ticker or Trading Symbol NEOGENOMICS INC [NEO]						
(Last) (First) (Middle) 12701 COMMONWEALTH DRIVE SUITE 9	00/12			Person(s) to I (Check	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_Director			5. If Amendment, Date Original Filed(Month/Day/Year)		
FORT MYERS, FL 33913				Officer (giv				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)		Tal	ble I	- Non-Derivati	ve Securiti	es Bei	neficially	Owned		
1.Title of Security (Instr. 4)		2. Amount of S Beneficially O (Instr. 4)			3. Ownership Form: Direc (D) or Indirect (I) (Instr. 5)	Owne	4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock		1,5	60		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 2. Date E		e Exercisable 3. To Security S		tle and Amount of rities Underlying vative Security	4. Conversion or Exercise Price of	on Ovise Fo	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
	Date Exercisable	Expiration Date	Title	Amount or Numb of Shares	Derivative Security	Di or (I)	ecurity: irect (D) Indirect) nstr. 5)			
Reporting Owners										

Reporting Owners

Reporting Owner Name / Address		Relationships					
		10% Owner	Officer	Other			
TETRAULT LYNN A.							
12701 COMMONWEALTH DRIVE SUITE 9	X						
FORT MYERS, FL 33913							

Signatures

/s/ Lynn A. Tetrault	06/23/2015
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.