FORM 4

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

| OMB APPROVAL | | | | | | |
|-------------------------|-----|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | |
| stimated average burden | | | | | | |
| ours per response | 0.5 | | | | | |

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 | es) | | | | | | | | | | | | | | | |
|--|-------------|--|---|---|---|-------|--|-------------------------------------|--|--|-------------------|--|---|---|--|---|----|
| 1. Name and Address of Reporting Person * TETRAULT LYNN A. | | | | 2. Issuer Name and Ticker or Trading Symbol NEOGENOMICS INC [NEO] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
| 12701 COMMONWEALTH DRIVE SUITE 9 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/21/2015 | | | | | | | | Officer (give | title below) | Oth | er (specify belo | w) |
| (Street) FORT MYERS, FL 33913 | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | | _X_ F | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person _Form filed by More than One Reporting Person | | | | |
| (City) (State) (Zip) | | | | | Table I - Non-Derivative Securities Acqui | | | | | | | | ired, Disposed of, or Beneficially Owned | | | | |
| (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, any (Month/Day/Ye | | ĺ | | str. 8) | | 4. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5) (A) or Amount (D) | | f (D) Own Tran | | · / | | Ownership Form: Direct (D) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common | Stock | | 12/21/2015 | | | | P | | 9,50 | 0 A | \$ | 3.21 14,5 | 560 | | | D | |
| | | | Table II - I | | | | | form ed, Dis | displ | ays a cu | urrei enefi | ntly valid | OMB co | to respon ntrol num | d unless th ber. | e | |
| | Conversion | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if | 4. Transac Code | 5 o o o o o o o o o o o o o o o o o o o | . Nun | hber 6. D Exp (Mo ies ed ed | Expiration Date (Month/Day/Year) | | rcisable and Date 7. Title and Amount of Underlying Securities (Instr. 3 and | | nnt of Hying and 4) Derivative Security (Instr. 5) Derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | | Derivative Securities Beneficially Owned Following Reported Transaction | Ownersl Form of Derivati Security Direct (I or Indire | Ownershi (Instr. 4) | |
| | | | | Code | V | (A) | | e rcisable | | Expiratio Date | n | Title | Amount or Number of Shares | | | | |
| Stock Option (Right to buy) | \$ 6.66 | | | | | | 07/ | 15/201 | 6(1) | 07/15/20 | 020 | Commor Stock | | | 10,000 | D | |

Reporting Owners

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

Signatures

| /s/ Lynn A. Tetrault | 12/23/2015 |
|---------------------------------|------------|
| **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 July 15, 2015, Lynn Tetrault was granted 10,000 stock options. The options vest ratably on the next 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.