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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).	
Form 3 Holdings Reported	

Form 4 Transactions Reported

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

OMB APPROVAL OMB Number: 3235-0362 Estimated average burden hours per response... 1.0

ANNUAL 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

1. Name and Address of Reporting Person – HIPP RAYMOND R			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		
(Last)	(First)	(3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)						ther (specify belo	w)
12701 COMMONY	WEALTH DRIV	VE SUITE 9	12/31/2015							
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Reporting (check applicable line)			
FORT MYERS, FL 33913							_X_Form Filed by One Reporting Person Form Filed by More than One Reporting Person			
(City) (State) (Zip)			Ta	able I - Non-Dei	rivative S	ecurities	Acqu	ired, Disposed of, or Beneficially Ow	ned	
1.Title of Security		2. Transaction	2A. Deemed	3. Transaction	4. Secur	ities Acq	uired	5. Amount of Securities Beneficially	6.	7. Nature
(Instr. 3) Date		Date	Execution Date, if		(A) or E				Ownership	of Indirect
(Month/Day/Yea		any	(Instr. 8)	(Instr. 3	, 4 and 5)		(Instr. 3 and 4)	Form:	Beneficial	
		(Month/Day/Year)				1		Direct (D)	Ownership	
									or Indirect	(Instr. 4)
						(A) or			(I)	
					Amount	(D)	Price		(Instr. 4)	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form SEC 2270 (9-02) are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(<i>e.g.</i> , puts, calls, warrants, options, convertible securities)													
1. Title of	2.	3. Transaction	3A. Deemed	4.	5. Numb	er	6. Date Exercisal	ble and	7. Title and		8. Price of	9. Number	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	of		Expiration Date		Amount of		Derivative	of	Ownership	of Indirect
		(Month/Day/Year)			Derivativ	ve	(Month/Day/Yea	(Month/Day/Year)		Underlying		Derivative	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)									Derivative	1
	Derivative				Acquired				(Instr. 3 and 4)			Beneficially		(Instr. 4)
	Security				(A) or	1 0							Direct (D)	
					Disposed	1 of							or Indirect	
					(D) (Instr. 3,	4						Issuer's Fiscal Year	(I) (Instr. 4)	
					(1130.5) and 5)	4,						(Instr. 4)	(11150.4)	
					und 5)							(msu: i)		
										Amount				
							Date	Expiration		or Number				
							Exercisable	Date		of				
					(A)	(D)				Shares				
Stock					. ,	()								
									Common					
Option	\$ 4.78	05/06/2015		A4	10,000		05/06/2016(1)	05/06/2020	Common Stock	10,000	\$ 4.78	10,000	D	
(Right to									Stock					
Buy)														

Reporting Owners

Departing Owner Name / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
HIPP RAYMOND R 12701 COMMONWEALTH DRIVE SUITE 9 FORT MYERS, FL 33913	х					

Signatures

/s/ Raymond R. Hipp	02/16/2016	
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 May 6, 2015, Mr. Hipp was granted 10,000 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 provided 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.