

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

| OMB APPROVAL | | | |
|-------------------|-------|--|--|
| OMB | 3235- | | |
| Number: | 0104 | | |
| Estimated average | | | |
| burden hours per | | | |
| 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 | | 2. Date of Event Requiring Statement (Month/Day/Year) — 02/17/2016 | | ~ | g 3. Issuer Name and Ticker or Trading Symbol | | | |
| Person * Murphy Kieran Pius | | | | NEOGENOMICS INC [NEO] | | | | |
| (Last) (First) (Mid 12701 COMMONWEALTH | 02/17 | | | 4. Relationship of Reporting Person(s) to Issuer | | | 5. If Amendment, Date Original Filed(Month/Day/Year) | |
| DRIVE SUITE 9 | | | | | all applicable) | | | |
| (Street) | | | | X Director Officer (given title below) | ve 10% Ow Other (sp below) | 6. Individual Filing(Cl | idual or Joint/Group heck Applicable Line) | |
| FORT MYERS, FL 33913 | | | | | | | filed by One Reporting Person filed by More than One Reporting | |
| (City) (State) (Z | ip) | Ta | ble I | - Non-Derivati | ve Securities | Beneficially | Owned | |
| 1.Title of Security (Instr. 4) | | Ber | | nt of Securities Ily Owned | | Ownership | direct Beneficial | |
| | no respond t | o the coll | ectio | neficially owned d n of information rm displays a cu | contained in | this form ar | | |
| Table II - Derivative | | | | | | | | |
| (Instr. 4) an (M | | ate Exercisable Expiration Date th/Day/Year) | | tle and Amount of rities Underlying vative Security r. 4) | Conversion or Exercise Price of | Form of Derivative | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | |
| | Date Exercisable | Expiration Date | Title | Amount or Numb of Shares | Derivative Security | Security: Direct (D) or Indirect (I) (Instr. 5) | | |
| D (1 0 | | | | | | | | |

Reporting Owners

| Reporting Owner Name / Address | | Relationships | | | | |
|----------------------------------|----------|---------------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| Murphy Kieran Pius | | | | | | |
| 12701 COMMONWEALTH DRIVE SUITE 9 | X | | | | | |
| FORT MYERS, FL 33913 | | | | | | |

Signatures

| /s/ Kieran P. Murphy | 02/29/2016 |
|---------------------------------|------------|
| **Signature of Reporting Person | Date |

Explanation of Responses:

No securities are beneficially owned

- * 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.