FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB APPROVAL OMB Number: 323 Estimated average burden 3235-0287 Washington, D.C. 20549 hours per response.. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations Instruction 1(b).

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 Respons	es)															
1. Name and Address of Reporting Person * CARDOZA GEORGE				2. Issuer Name and Ticker or Trading Symbol NEOGENOMICS INC [NEO]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) 12701 COMMONWEALTH DRIVE SUITE 9				3. Date of Earliest Transaction (Month/Day/Year) 04/28/2017								X Officer (give title below) Other (specify below) Chief Financial Officer					
(Street)					4. If Amendment, Date Original Filed(Month/Day/Year)								6. Individual or Joint/Group Filing(Check Applicable Line) X Form filed by One Reporting Person				
FORT M	YERS, FL	. 33913									_X_	Form filed by Or Form filed by Mo					
(Cit	ty)	(State)	(Zip)			7	Гable	I - Non-Dei	rivativ	e Securities .	Acquired	d, Disposed o	f, or Benef	icially Owned			
(Instr. 3) Da			2. Transaction Date (Month/Day/Y	ear) Ex	у	ned n Date, if Day/Year)	Cod	ransaction e ir. 8)	(A) or Disposed of				ng Reported		orm: E Direct (D)	Beneficial Ownership	
							C	ode V	Amou	(A) or (D)	Price			(1		(nstr. 4)	
Common	Stock										18	9,089		Ι)		
Common Stock											20	,000		I		rust by self	
Reminder:	Report on a	separate line for each		II - Der	ivative	e Securiti	es Ac	Perso in this a curr quired, Disp	ns wi form ently	are not rec valid OMB of, or Benefic	quired to control cially Ow	o respond u number.		ion containe form displa		174 (9-02)	
1. Title of Derivative Security (Instr. 3)	Conversion		3A. Deemed Execution Date, i any (Month/Day/Yea	4. Trans Code	saction	5. Number of 6. I Derivative Exp		6. Date Exe Expiration	ptions, convertible securiti Date Exercisable and piration Date Ionth/Day/Year)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)		Beneficia	
				Cod	e V	(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)		
Stock Option (Right to Buy)	\$ 3.45							03/05/201	.5 <u>(1)</u> (03/05/2019	Comme Stock	30.000		30,000	D		
Stock Option (Right to Buy)	\$ 4.78							05/04/201	.6 ⁽²⁾	05/04/2020	Comme Stock	- 1200 000		200,000	D		
Stock Option (Right to Buy)	\$ 7.15							04/20/201	.7 ⁽³⁾	04/20/2021	Comme Stock	1200 000		200,000	D		
Stock Option (Right to Buy)	\$ 7.52	04/28/2017		A		200,000)	04/28/201	8(4)	04/28/2022	Comme Stock	200 000	\$ 7.52	200,000	D		
Repor	rting C	Owners															
Reporting Owner Name / Address				Relationships													
CARDOZA GEORGE				ctor 10	10% Owner Officer					Other							
12701 COMMONWEALTH DRIVE SUITE 9					Chief Financial Office				fficer								

Signatures

FORT MYERS, FL 33913

/s/ George Cardoza	05/02/2017
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 March 5, 2014 Mr. Cardoza was granted an option to purchase 30,000 shares. These options vest ratably over the first three anniversary dates of the grant.
- (2) On May 4, 2015 Mr. Cardoza was granted an option to purchase 200,000 shares. These options vest ratably over the first three anniversary dates of the grant.
- (3) On April 20, 2016, Mr. Cardoza was granted 200,000 stock options. These options vest ratably over the first three anniversary dates of the grant date.
- (4) On April 28, 2017, Mr. Cardoza was granted 200,000 stock options. These options vest ratably over 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.