## FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

Check this box if no 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)																	
Name and Address of Reporting Person *  ALBITAR MAHER				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 Medical Officer								
(Street) FORT MYERS, FL 33913				4. If A	4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting PersonForm filed by More than One Reporting Person							
(Cit		(State)	(Zip)		Table I - Non-Derivative Securities Acqu						ired, Disposed of, or Beneficially Owned								
(Instr. 3) Date			2. Transaction Date (Month/Day/Yea	Exec ar) any	2A. Deemed Execution Date, i any (Month/Day/Yea		(Instr. 8)			4. Securities Acquir (A) or Disposed of ((Instr. 3, 4 and 5)					ecurities Beneficially ng Reported		6. Ownership Form: Direct (D)	of Inc	7. Nature of Indirect Beneficial Ownership
				Ì		,	C	(A) or (I)		or Indirect (I) (Instr. 4)	(Instr								
Common	Stock												60,69	)2			I	Albi	ed by tar ology ned efit
Reminder:	Report on a	separate line for eac		- Deriv	ative	e Securitie	es Ac	P ir a quired	Person this curr	ns w forn ently	ho respond n are not re- valid OMB of, or Benefi	quire cont	d to r	espond u ımber.				1474	(9-02)
1. Title of Derivative Security (Instr. 3)	Conversion	Date Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. 5. Transaction De Code Se (Instr. 8) Ac or of (In		5. Number Derivative Securities Acquired or Dispose of (D)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) Instr. 3, 4,		6. Date Exercisal Expiration Date (Month/Day/Yea		ole and	7. Ti of U	7. Title and Amount of Underlying Securities (Instr. 3 and 4)			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form of Deriva Securit Direct or Indi	ship of B tive Oy: (ID) rect	1. Nature f Indirect geneficial ownership Instr. 4)
				Code	V	(A)	(D)	Date Exerc	isable		Expiration Date	Title	;	or Number of Shares					
Stock Option (Right to Buy)	\$ 7.15							04/20	0/201	7 <mark>(1)</mark>	04/20/2021	Con	nmon ock	200,000		200,000	D		
Stock Option (Right to Buy)	\$ 7.52	04/28/2017		A		200,000		04/28	8/201	8(2)	04/28/2022		nmon ock	200,000	\$ 7.52	200,000	D		

#### **Reporting Owners**

Burnette Community (Addition	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
ALBITAR MAHER 12701 COMMONWEALTH DRIVE SUITE 9 FORT MYERS, FL 33913			Chief Medical Officer				

### **Signatures**

/s/ Maher Albitar	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 April 20, 2016, Dr. Albitar was granted 200,000 stock options. These options vest ratably over the first three anniversary dates of the grant date.
- (2) On April 28, 2017, Dr. Albitar was granted 200,000 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 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.