NEOGENOMICS INC

Form 4

September 22, 2016

September 2										
FORM	14 inited sta	TEC CECII	DITIES A	ND EVC	LIAN	CF (COMMISSION		PPROVAL	
	UNITED STA			, D.C. 205		GE (OMMISSION	OMB Number:	3235-0287	
Check th		,,,,	·sg.	, 210, 200	• >			Expires:	January 31,	
if no longer subject to STATEMENT OF CHANGES IN					BENEFICIAL OWNERSHIP OF				2005	
Section			SECURITIES					Estimated average burden hours per		
Form 4							response	•		
Form 5 obligation						_	e Act of 1934,			
may con	section 17(a) o		•				f 1935 or Section	1		
	See Instruction 30(h) of the Investment Company Act of 1940									
1(b).										
(Print or Type	Responses)									
1. Name and A	Address of Reporting Person	on <u>*</u> 2. Issu	2. Issuer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to			
ALBITAR	Symbol				,	Issuer				
		NEOG	ENOMIC	S INC [NE	EO]		(Check all applicable)			
(Last)	(First) (Middl	e) 3. Date of	of Earliest T	ransaction			(Cneci	к ан аррисаві	e)	
		(Month/	Day/Year)				Director		% Owner	
	MMONWEALTH DR	IVE 09/20/2	2016				_X_ Officer (give below)	titleOth	ner (specify	
SUITE 9								Medical Offic	er	
	(Street)	4. If Am	endment, Da	ate Original			6. Individual or Jo	int/Group Fili	ng(Check	
		Filed(Mo	Filed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
EODT MV	EDG EL 22012						_X_ Form filed by C Form filed by M			
FORT MY	ERS, FL 33913						Person			
(City)	(State) (Zip)	Tak	ole I - Non-I	Derivative So	ecuriti	ies Acq	uired, Disposed of	, or Beneficia	lly Owned	
1.Title of	2. Transaction Date 2A (Month/Day/Year) Ex		3.	4. Securitie				6.	7. Nature of	
Security (Instr. 3)	ecution Date, if	n Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)					Ownership Form: Direct	Indirect Beneficial		
(-	onth/Day/Year)		(======================================			Owned	(D) or	Ownership	
								Indirect (I)	(Instr. 4)	
					(A)		Reported Transaction(s)	(Instr. 4)		
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
			Code ,	rinount	(2)	11100			Shares	
									owned by	
Common									Albitar	
Stock							63,492	I	Oncology	
Stock									Defined	
									Benefit	
									Plan	
Common							105,300	D		
Stock							100,000			
Common Stock	09/20/2016		S	105,300	D	\$ 8.2	0	D		

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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 are not required to respond unless the form displays a currently valid OMB control number.

SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4. 5.		6. Date Exercisable and		7. Title and Amount of	
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration Date		Underlying Securities	
Security	or Exercise		any	Code of		(Month/Day/Year)		(Instr. 3 and 4)	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8) Derivative		e			1
	Derivative				Securities				
	Security				Acquired				
	· ·				(A) or				
					Disposed				
					of (D)				
					(Instr. 3,				
					4, and 5)				
					., ,				
							Expiration		Amount or
						Date Exercisable	Date	Title	Number of
				Code V	(A) (D)		Dute		Shares
C41-									
Stock									
Option	\$ 7.15					04/20/2017(1)	04/20/2021	Common	200,000
(Right to	\$ 7.13					04/20/2017	04/20/2021	Stock	200,000
Buy)									
Duy)									

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

ALBITAR MAHER 12701 COMMONWEALTH DRIVE SUITE 9 FORT MYERS, FL 33913

Chief Medical Officer

Signatures

/s/ Maher 09/22/2016 Albitar

**Signature of
Reporting Person

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

- ** 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.

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.

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