NEOGENOMICS INC Form 3 October 28, 2014 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB approval

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

| Person * | nd Address of Ro WTHER BRU | 1 0 | 2. Date of Event Requiring Statement (Month/Day/Year) | 3. Issuer Name and Ticker or Trading Symbol NEOGENOMICS INC [NEO] | | | | | | |
|-------------------------------|-----------------------------------------|-------------|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------|------------------------------------------------------------------------------------------------------------|--|--|--|
| (Last) | (First) | (Middle) | 10/22/2014 | 4. Relationship of Reporting Person(s) to Issuer | | | 5. If Amendment, Date Original Filed(Month/Day/Year) | | | |
| 12701 C | COMMONWE | ALTH | | | | | | | | |
| DRIVE | SUITE 9 | | | (Check | all applicable) | | | | | |
| (Street) FORT MYERS, FL US | | | | X_ Director 10% Owner Officer Other (give title below) (specify below) | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| 33913 | | | | | | | Form filed by More than One Reporting Person | | | |
| (City) | (State) | (Zip) | Table I - N | Non-Derivat | ive Securiti | es Bei | Beneficially Owned | | | |
| 1.Title of (Instr. 4) | Security | | 2. Amount o Beneficially (Instr. 4) | | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nat Owne (Instr. | 1 | | | |
| Commo | n Stock | | 0 | | D | Â | | | | |
| | Report on a sepa ectly or indirectly | | each class of securities benefic | ially S | EC 1473 (7-02 |) | | | | |
| | infor | mation cont | spond to the collection of tained in this form are not and unless the form displ | t | | | | | | |

currently valid OMB control number.

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

| | | 4. C | 5. | 6. Nature of Indirect |
|------------------|-----------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| (Month/Day/Year) | , , | | 1 | Beneficial Ownership (Instr. 5) |
| | (Instr. 4) | Price of | Derivative | (110410) |
| | Title | Derivative Security | Security: Direct (D) | |
| | Expiration Date | Expiration Date (Month/Day/Year) Securities Underlying Derivative Security (Instr. 4) | Expiration Date (Month/Day/Year)Securities Underlying Derivative Security (Instr. 4)Conversion or Exercise Price of DerivativeTitleTitle | Expiration Date (Month/Day/Year)Securities Underlying Derivative Security (Instr. 4)Conversion |

3235-0104

January 31,

2005

0.5

Number:

Expires:

response...

Estimated average burden hours per

Edgar Filing: NEOGENOMICS INC - Form 3

| Date | Expiration |
|-------------|------------|
| Exercisable | Date |

Amount or Number of Shares or Indirect (I) (Instr. 5)

Reporting Owners

| Reporting Owner Name / Address | | Relationships | | | | |
|---------------------------------------------------------------------------------|------------|---------------|-----------|---------|-------|--|
| | | Director | 10% Owner | Officer | Other | |
| CROWTHER BRUCE K 12701 COMMONWEALTH DRIVE SUITE 9 FORT MYERS, FL US 33913 | | X | Â | Â | Â | |
| Signatures | | | | | | |
| /s/ Bruce K. Crowther | 10/28/2014 | | | | | |
| **Signature of | Date | | | | | |

Reporting Person

son

Explanation of Responses:

* 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.