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

FORM 8-K

CURRENT REPORT

Pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): September 12, 2011

NEOSTEM, INC.

(Exact Name of Registrant as Specified in Charter)

Delaware	001-33650	*22-2343568*
(State or Other Jurisdiction of Incorporation)	(Commission File Number)	(IRS Employer Identification No.)

420 Lexington Avenue, Suite 450, New York, New York 10170
(Address of Principal Executive Offices)(Zip Code)

(212) 584-4180
Registrant's Telephone Number

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instruction A.2. below):

o Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

o Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

o Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

o Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Item 7.01. Regulation FD Disclosure.

NeoStem, Inc. (“NeoStem” or the “Company”) intends, from time to time, to utilize at various industry and other conferences a slide presentation. The slide presentation is accessible on NeoStem’s website at www.neostem.com and is being furnished as Exhibit 99.1 hereto. NeoStem undertakes no obligation to update, supplement or amend the materials attached hereto as Exhibit 99.1.

The information in this Current Report on Form 8-K under Item 7.01 is being furnished pursuant to Item 7.01 of Form 8-K. In accordance with General Instruction B.2 of Form 8-K, the information in this Current Report on Form 8-K, including, without limitation, Exhibit 99.1, shall not be deemed "filed" for the purposes of Section 18 of the Securities Exchange Act of 1934, as amended, or otherwise subject to the liabilities of that section. The information in this Current Report on Form 8-K, including, without limitation, Exhibit 99.1, shall not be incorporated by reference into any filing or other document pursuant to the Securities Act of 1933, as amended, except as shall be expressly set forth by specific reference in such filing or document.

Forward-Looking Statements

This Current Report on Form 8-K, including Exhibit 99.1 hereto, contains “forward-looking” statements within the meaning of the Private Securities Litigation Reform Act of 1995. Forward-looking statements are typically preceded by words such as “believes,” “expects,” “anticipates,” “intends,” “will,” “may,” “should,” or similar expressions, although some forward-looking statements are expressed differently. Forward-looking statements represent the Company's management's judgment regarding future events. Although the Company believes that the expectations reflected in such forward-looking statements are reasonable, the Company can give no assurance that such expectations will prove to be correct. All statements other than statements of historical fact included in the Current Report on Form 8-K are forward-looking statements. The Company cannot guarantee the accuracy of the forward-looking statements, and you should be aware that the Company's actual results could differ materially from those contained in the forward-looking statements due to a number of factors, including the statements under "Risk Factors" contained in the Company's reports filed with the Securities and Exchange Commission.

Item 9.01. Financial Statements and Exhibits.

(d) Exhibits.

Exhibit No.	Description
99.1	Slide Presentation of NeoStem, Inc., dated September 2011

*Exhibit 99.1 is furnished as part of this Current Report on Form 8-K.

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, NeoStem, Inc. has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

NEOSTEM, INC.

By: /s/ Catherine M. Vaczy
Name: Catherine M. Vaczy
Title: Vice President and General Counsel

Date: September 12, 2011

NeoStem, Inc. ("NBS")

Investor Presentation

NeoStem
YOUR CELLS • YOUR USE • YOUR LIFE
WWW.NEOSTEM.COM

September 2011

Forward-Looking Statements

Included in this presentation are "forward-looking" statements within the meaning of the Private Securities Litigation Reform Act of 1995, as well as historical information. Such forward-looking statements involve known and unknown risks, uncertainties and other factors which may cause the actual results, performance or achievements of NeoStem, Inc. and its subsidiaries (collectively, the "Company"), or industry results, to be materially different from anticipated results, performance or achievements expressed or implied by such forward-looking statements. When used in this presentation, statements that are not statements of current or historical fact may be deemed to be forward-looking statements. Without limiting the foregoing, the words "plan," "intend," "may," "will," "expect," "believe," "could," "anticipate," "estimate," or "continue" or similar expressions or other variations or comparable terminology are intended to identify such forward-looking statements, although some forward looking statements are expressed differently. Additionally, statements regarding our ability to successfully develop, integrate and grow the businesses at home and abroad, including with regard to the Company's research and development efforts in cellular therapy, its adult stem cell and umbilical cord blood collection, processing and storage business, contract manufacturing and process development of cellular based medicines, and the pharmaceuticals manufacturing operations conducted in China, the future of regenerative medicine and the role of stem cells in that future, the future use of stem cells as a treatment option and the role of VSEL™ Technology in that future and the potential revenue growth of such businesses, are forward-looking statements. Our future operating results are dependent upon many factors and our further development is highly dependent on future medical and research developments and market acceptance, which is outside our control. Forward-looking statements, including with respect to the successful execution of the Company's strategy, may not be realized due to a variety of factors and we cannot guarantee their accuracy or that our expectations about future events will prove to be correct. Such factors include, without limitation, (i) our ability to manage the business despite operating losses and cash outflows; (ii) our ability to obtain sufficient capital or strategic business arrangements to fund our operations and expansion plans, including meeting our financial obligations under various licensing and other strategic arrangements and the successful commercialization of the relevant technology; (iii) our ability to build the management and human resources and infrastructure necessary to support the growth of the business; (iv) our ability to integrate the Company's acquired businesses successfully and grow such acquired businesses as anticipated; (v) whether a large global market is established for our cellular-based products and services and our ability to capture a share of this market; (vi) competitive factors and developments beyond our control; (vii) scientific and medical developments beyond our control; (viii) our ability to obtain appropriate governmental licenses, accreditations or certifications or comply with healthcare laws and regulations or any other adverse effect or limitations caused by government regulation of the business; (ix) whether any of our current or future patent applications result in issued patents and our ability to obtain and maintain other rights to technology required or desirable for the conduct of our business; (x) whether any potential strategic benefits of various licensing transactions will be realized and whether any potential benefits from the acquisition of these licensed technologies will be realized; (xi) our ability to successfully divest our 51% ownership of our Erye subsidiary; (xii) factors regarding our business and initiatives in China and, generally, regarding doing business in China, including through our variable interest entity structure, including (a) costs related to funding these initiatives, (b) the successful application under Chinese law of the variable interest entity structure to the Company's business, which structure the Company is relying on to conduct its business in China, (c) the ability to integrate the Company and the business operations in China successfully and grow such integrated businesses as anticipated, (d) the need for outside financing to meet capital requirements, and (e) the ability of the Company to realize on its investment in Erye through distributions, divestiture or other strategic alternatives; and (xiii) other risk factors disclosed in the Company's periodic filings with the Securities and Exchange Commission which are available for review at www.sec.gov under "Search for Company Filings."

All forward-looking statements attributable to us are expressly qualified in their entirety by these and other factors. We undertake no obligation to update or revise these forward-looking statements, whether to reflect events or circumstances after the date initially filed or published, to reflect the occurrence of unanticipated events or otherwise, except to the extent required by federal securities laws.

The contents of this PowerPoint presentation reflect the proposed merger of Amorcyte, Inc., a clinical stage therapeutics company pursuing cell-based therapies for cardiovascular diseases, with and into a wholly-owned subsidiary of NeoStem. NeoStem and Amorcyte entered into a definitive merger agreement on July 13, 2011. Important factors that might cause a difference relating to the Amorcyte merger include, but are not limited to, failure to obtain the necessary approvals of the stockholders of NeoStem and Amorcyte; NeoStem's or Amorcyte's inability to satisfy the conditions of the merger agreement; costs related to the merger; the inability to integrate the Company's and Amorcyte's businesses successfully; the need for outside financing to meet capital requirements; the highly speculative nature of therapeutics companies and risks related to clinical development activities; other events and factors described above and in a Form 8-K filed with the SEC on July 14th, 2011.

Investment Highlights

- Progenitor Cell Therapy (PCT) - a leading cell therapy developer and contract manufacturer
- Robust proprietary product pipeline
  - AMR-001 for AMI entering Phase 2 (additional indications to include CHF)
  - T-regulatory cells for GvHD, solid organ rejection, and autoimmune disorders (asthma and diabetes)
  - VSEL™ Technology - Adult stem cell platform with multiple regenerative product opportunities such as retinal repair, bone regeneration, wound healing
- Commercializing cell therapy in China through a network of hospitals and partnerships
- Pursuing divestiture of 51% ownership interest of Suzhou Erye
- Experienced management team

Leader in Cell Therapy Development and Contract Manufacturing

NeoStem's subsidiary Progenitor Cell Therapy (PCT) is a leader in cell-based manufacturing with expertise in regulatory matters and therapeutics development

- Expertise in manufacturing, regulatory and commercialization for therapeutics development
- East coast, west coast and Asian cGMP manufacturing facilities is an attractive footprint for CMO clients and NeoStem's own development needs
- "Who's who" list of the cell therapy industry's top clients
- Principal manufacturer for Provenge clinical trials for 7+ years
- Founded Amorcyte, Inc. (cardiovascular programs) and Athelos Corporation (T-reg programs)
- As the products of PCT's clients advance through clinical development and commercialization, revenues will grow and generate free cash flow

Cell Therapy Industry

Revenue Potential: Grows as Product Advances

	Phase 2		Phase 3		Commercial	
	Patients	Revenue	Patients	Revenue	Patients	Revenue
Oncology	25	$625,000	100	$2,000,000	30,000	$450,000,000

Clinical Philosophy: Potency Assay

Our mission is to develop a product portfolio of cell therapy products that leverage the body's natural abilities to heal and fight disease. These may be therapies in regenerative medicine, immunology or using an immunological basis to fight cancer

For every therapy, we ask basic scientific questions, such as:

- **What is the target population (the "active ingredient")?**
- **What is the biological mechanism of action?**
- **What is the biological threshold dose?**
- **What is the expected clinical outcome?**

The end result of these efforts is an approach to cell therapy development that is similar to traditional drug development. We strive to deliver not just a product that works, but one that is consistent with basic and clinical science and conforms to traditional standards of drug development

Amorcyte – Addressing an Unmet Medical Need

Amorcyte™

- A purified and enriched natural cell population
- Biologic dosing threshold established
- Defined mechanism of action – $CD34^{+}CXCR4^{+}$ homing & integration
- Composition of matter and dominant IP position
- Pharmacoeconomic value

Proposed Phase 2 Clinical Plan for AMR-001

Indication	Post-AMI Preservation of Cardiac Function
Primary Endpoint	Increased Cardiac Perfusion (RTSS) measured by SPECT
Other Endpoints	A composite of endpoints will be used to determine overall cardiac function (including preservation of LVEF and prevention of adverse remodeling) and Quality of Life (KCCQ & SAQ*)
Safety	Reduction in cumulative MACE and other adverse events at 6, 12, 18, and 24 months
Dosing Frequency	Single dose
Dosing and Randomization	Minimum dose for release $\geq$10 M cells Randomized 1:1 treatment to sham placebo control
Number of Subjects	160 patients
Number of Sites	30
Geography	United States
Trial Duration	Perfusion, cardiac function and QOL at approximately 18 months post first enrollment (12 months of enrollment and 6 months of treatment)

* KCCQ: Kansas City Cardiomyopathy Questionnaire
SAQ: Seattle Angina Questionnaire

AMR-001 – Preservation of Heart Muscle Function and Decrease in MACE

An autologous bone marrow derived pharmaceutical grade product enriched for $CD34^+CXCR4^+$ cells intended to preserve heart muscle function and limit MACE following acute myocardial infarction.

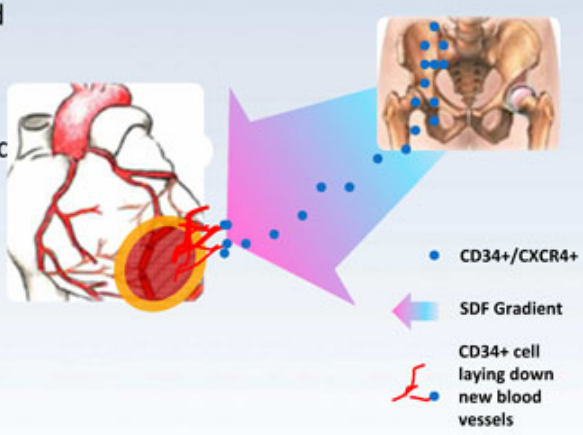
- Homogeneous and highly purified cell population enriched for $CD34^+CXCR4^+$ cells
- Mechanism of action – targeted homing to preserve cardiomyocytes through angiogenesis and paracrine effects
- Threshold dose for efficacy established to mitigate biologic variability
- Infusion in 6-10 days post AMI - within the critical time frame for repair
- Active cell population defined by response to a hypoxic environment
- Phase 2 to start by end of 1Q12

Quyyumi AA et al 2011, American Heart Journal; 161(1) 98-105

Cell Type: CD34⁺CXCR4⁺ Cells are a Natural Repair Mechanism

The body attempts to rescue damaged tissue to prevent ventricular remodeling:

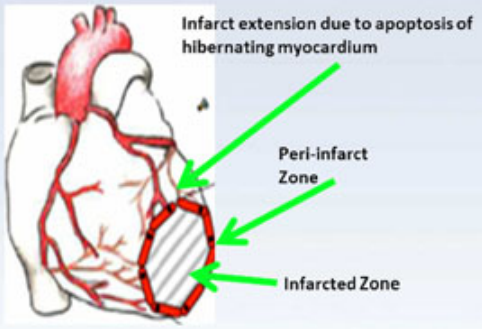
- A distress signal (HIF) is induced by hypoxia in the peri-infarct zone
- HIF induces synthesis of SDF and VEGF, which mobilize CD34⁺CXCR4⁺ cells
- The mobilized cells are trophic to the peri-infarct zone, preventing apoptosis through paracrine effects and effecting neoangiogenesis



AMR-001: Highly purified (CD34⁺) and active (CXCR4⁺) cell population

Clear Unmet Medical Need for AMI Patients

- Of the 800,000 annual US AMI patients, 20% (160,000) are STEMI, and **experience progressive deterioration in heart muscle function leading to:**
  - Premature Death
  - Recurrent Myocardial Infarction
  - Congestive Heart Failure
- Inadequate perfusion (microvascular insufficiency) leads to hibernating cardiomyocytes and progressive cardiomyocyte loss due to apoptosis



References:
American Heart Association
Quyyumi AA et al 2011, American Heart Journal; 161(1) 98-105

A Cost-Effective Solution To Fill the Treatment Gap

- A solution is needed to:
  - **Improve microvascular density** (perfusion) to rescue at-risk cardiomyocytes from hibernation and apoptosis
  - **Preserve heart muscle function**
  - **Prevent downstream MACE**
  - **Improve QOL & longevity**
- Pharmacoeconomic impact:
  - Adverse left ventricular remodeling after STEMI results in an average medical burden of over $50K per patient, per year of life
  - If the patients LVEF declines below 40%, then the cost per year escalates for the balance of the patient's lifetime
  - AMR-001 is designed to prevent a decline in LVEF, thereby limiting adverse left ventricular remodeling and its negative consequences
  - If successful, AMR-001 will significantly reduce costs to the health care system

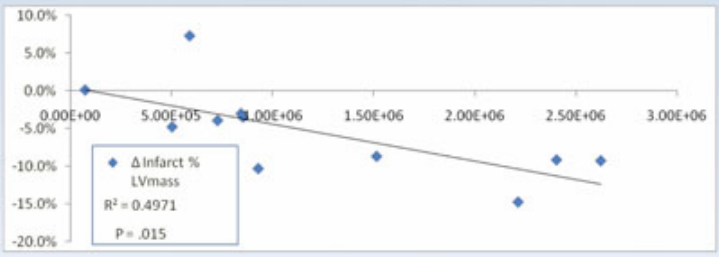
AMR-001 Phase 1 Clinical Trial Protocol

Indication	Post-AMI with LVEF ≤50% and Wall Motion Abnormality in the myocardium of the IRA
Primary Endpoint	Safety in post-AMI Patients
Other Endpoints	RTSS (Perfusion); LVEF; ESV; SDF Mobility
Key Inclusion Criteria	Confirmation of ST Elevation MI; Ejection fraction ≤ 50%
Dosing Frequency	Single dose
Groups and Randomization	3 dose cohorts (5, 10, 15 million cells, randomized 1:1)
Number of Subjects	N=31
Number of Sites	4
Geography	United States
Trial Duration	6 months

Quyyumi AA et al 2011, American Heart Journal; 161(1) 98-105

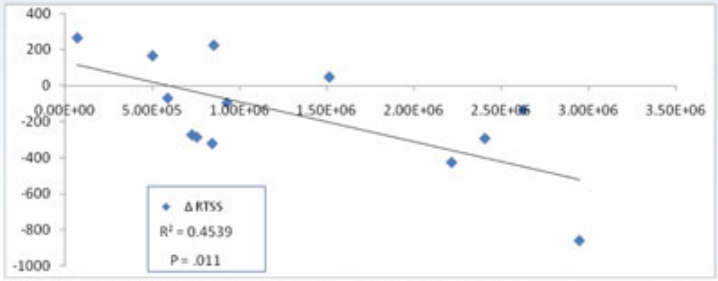
Dose Response Established

Y = Δ Infarct % LV Mass, X = Dose of SDF1 mobile CD34 cells



Increasing doses of AMR-001 reduced the size of the infarct region

Y= Δ RTSS, X = Dose of SDF1 mobile CD34 cells



Increasing doses of AMR-001 reduced RTSS (hypoperfusion)

Quyyumi AA et al 2011, American Heart Journal; 161(1) 98-105

Threshold Dose for Efficacy Established

RTSS (Hypoperfusion)

Cohort	Base Line	6 months	Delta	% Change
Control	259.0	273.5	+14.5	**+5.6**
5 M	714.2	722.0	+7.8	**+1.1**
10 M	998.6	635.8	-362.8	**-36.4**
15 M	584.0	462.0	-122.0	**-20.9**

Patients dosed >= the threshold dose of 10 million cells showed significant improvement in perfusion

DSMB determined that no adverse events were related to therapy

Quyyumi AA et al 2011, American Heart Journal; 161(1) 98-105
RTSS: Resting Total Severity Score

Subgroup Analyses: Additional Cardiac Function Test Results

RTSS (Hypoperfusion)

	6 month			
	Base Line	6 Mo.	Δ	% Δ
Below Threshold	385.4	398.1	+12.6	+3.3
Above Threshold	814.3	558.6	-255.8	-31.4 (p=0.01)*

Ejection Fraction

	6 month			
	BL	6 Mo.	Δ%	% Δ
Below Threshold	51.0	51.8	0.7	+1.3
Above Threshold	48.2	52.7	+4.5	+9.4

End Systolic Volume

	6 month			
	BL	6 Mo.	Δml	% Δ
Below Threshold	77.7	81.3	+3.6	+4.6
Above Threshold	94.1	88.4	-5.7	-6.1

Drop in Ejection Fraction

GROUPS POOLED:
BELOW THRESHOLD = 5 & CONTROL
ABOVE THRESHOLD = 10 & 15

The overall composite data and individual scores (EF) support potential best in class product

*** change in 10/15 group significant compared to 5M/Control**

Quyyumi AA et al 2011, American Heart Journal; 161(1) 98-105

16

Additional Potential Indications for AMR-001

- **Chronic Myocardial Ischemia post AMI[1]**
- **Cardiomyopathy:**
  - **Ischemic[2]**
  - **Chemotherapy Induced[3]**
- **Congestive Heart Failure[4,5]**
- **Critical Limb Ischemia[6,7]**
- **Cryopreserved preparations of AMR-001**

AMR-001 platform can be applied to other conditions resulting from underlying ischemia

1. Jan van Ramshorst; Jeroen J. Bax; Saskia L. M. A. Beeres; et al., Intramyocardial Bone Marrow Cell Injection for Chronic Myocardial Ischemia, *JAMA. 2009;301(19):1997-2004*
2. Perin, et al., Improved Exercise Capacity and Ischemia 6 and 12 Months After Transendocardial Injection of Autologous Bone Marrow Mononuclear Cells for Ischemic Cardiomyopathy, *Circulation 2004;110;II-213-II-218*
3. De Angelis, et al., Anthracycline Cardiomyopathy Is Mediated by Depletion of the Cardiac Stem Cell Pool and Is Rescued by Restoration of Progenitor Cell Function, *Circulation 2010;121;276-292*
4. Ozbaran, et al., Autologous Peripheral stem cell transplantation in Patients with Congestive Heart Failure due to Ischemic Heart Disease. European Journal of Cardio-thoracic Surgery. 25 (2004) 342-351
5. Patel et al., Surgical treatment for congestive heart failure with autologous adult stem cell transplantation: A prospective randomized study; *The Journal of Thoracic and Cardiovascular Surgery*, Volume 130, Issue 6, Pages 1631-1631
6. Kalka, et al., Transplantation of ex vivo expanded endothelial progenitor cells for therapeutic neovascularization, *PNAS 2000* vol. 97, no. 7; 3422-3427
7. Kudo et al., Autologous transplantation of peripheral blood endothelial progenitor cells (CD34+) for therapeutic angiogenesis in patients with critical limb ischemia; *Circulation 2004;110;II-213-II-218*

NeoStem - PCT's Package Design for Amorcyte

Cell Therapy Protective Case protects from physical damage

Cell Therapy Refrigerated Shipping Package preserves cell activity in variable external temperatures

AMR-001	CD34 Purity	CD34 Viability	Total CD34 Cells / 10ml	CXCR4+ Cells	Migration
Pre Test	86.53%	98.08%	5.58E+06	80.37%	9.79%
AMR-001 After 24 hr in PCT Designed Cell Therapy Shipping Containers:					
Control (in refrigerator)	84.3%	98.62%	5.59E+06	82.02%	6.95%
-20 C Test	83.68%	98.5%	5.68E+06	84.38%	7.98%
37 C Test	85.03%	98.6%	5.70E+06	82.70%	7.99%
Ambient Test	85.45%	98.77%	5.73E+06	83.47%	11.42%

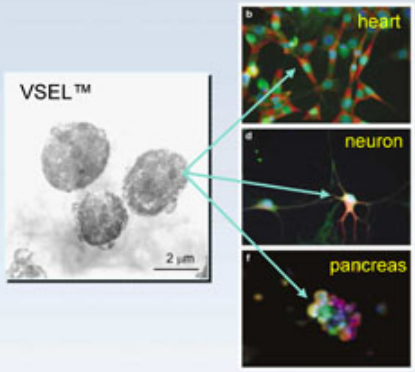
T-reg Cells - Restoring Immune Balance

- Immune mediated diseases, such as GVHD, autoimmune diseases and allergic diseases, are a result of an imbalance between T effector cells and T regulatory cells (T-reg)
- T-reg therapy represents a novel approach for restoring immune balance by enhancing T-regulatory cell number and function
- T-reg cells are collected by apheresis, **isolated using surface markers (for example: CD4+, CD25+, FoxP3+), activated and expanded** *ex vivo* approximately 500 fold in 20 days[1]
- Partnership with Becton Dickinson which owns 20% of the Athelos subsidiary
- Phase 1 work is ongoing globally under several independent physician INDs, results of which will inform NeoStem's future clinical direction
- Potential applications include:
  - GvHD
  - Solid organ rejection
  - Autoimmune disease such as asthma and diabetes

1) Chai, Jian-Guo et al, Journal of Immunology 2008; 180;858-869

VSEL™ Pluripotent Adult Stem Cells

- VSEL™ (very small embryonic-like) Technology is NeoStem's proprietary adult stem cell technology platform
- Believed to be naturally pluripotent – no manipulation required
- iPSCs (induced pluripotent stem cells) are recognized as manipulated and destroyed by the immune system (even as an autologous product)
- VSEL™s have been shown in animal research to home to sites of injury, up-regulate angiogenesis, down-regulate inflammation (the "paracrine effect"), BUT, importantly, go one step further and differentiate into target cell types
- VSEL™s are unique versus other cell types



VSEL™s potentially represent the most powerful regenerative cell as they are pluripotent, autologous, "natural", powerful "paracrine" cells.

Rodgerson DO, Harris AG, "A Comparison of Stem Cells for Therapeutic Use", Stem Cell Rev. 2011 Mar 2.

Patents & Patent Applications

- NeoStem aggressively pursues domestic and international patent protection, building a dominant IP portfolio within the field of cell therapy to protect its cutting-edge technologies
- Composition of matter patents granted for Athelos (2023) & AMR-001 (2028)
- NeoStem's patent estate includes:
  - Over 30 issued patents
  - Over 90 pending patent applications
  - Composition of matter and methods claims
  - Geographic breadth of filings including North America, Europe, Asia, Australia, Israel and South Africa
- Cell therapy focus of NeoStem's IP includes:
  - Immunology
  - Cardiology
  - Orthopedic
  - Wound healing
  - Age related tissue restoration
  - Stem cell isolation, collection and Storage
  - VSEL pluripotent stem cell discovery and applications

NeoStem's Asia Entities

- **PCT-CMO Laboratory & Plant in Beijing**
  - Complements sister facilities in Mountain View, California and Allendale, New Jersey
  - Laboratory Facility for processing, banking, and manufacturing comparable to U.S.
  - Built to same design and standards
- **Network of Hospitals delivering NeoStem's Asia-licensed Adult Stem Cell technology for Orthopedics using MSCs**
  - Wendeng Hospital – Launched June 2010
  - Shijiazhuang Third Hospital - Signed December 2010
  - Tianjin Nankai Hospital - Signed May 2011
- **Pursuing Divesture of Suzhou Erye**
  - Currently owns 51% of Chinese generic therapeutics company, Suzhou Erye
  - Built and validated a new manufacturing facility, doubling capacity
  - Sales more than doubled from $32M in 2007 to $69M in 2010

Key Financial Metrics (1) (2)

Historical Income Statement ($000s)

	Year Ended December 31, 2010	Six Months Ended June 30, 2011
Revenue		
Pharmaceuticals*	$ 69,584	$ 34,293
Stem cell and others	$ 237	$ 3,809
Total Revenue	$ 69,821	$ 38,102
Gross Profit	$ 20,153	$ 10,289
R&D Expenses	$ 7,684	$ 5,284
SG&A Expenses	$ 31,347	$ 23,016
Operating Loss	$ (18,878)	$ (18,010)
Net loss	$ (23,306)	$ (20,779)

Balance Sheet ($000s)

	As of December 31, 2010	June 30, 2011
Cash & equivalents	$ 15,613	$ 4,850
Current assets	$ 46,883	$ 43,362
Total assets	$ 143,025	$ 170,332
Current liabilities	$ 32,845	$ 38,767
Total liabilities	$ 56,537	$ 80,258
Total equity	$ 86,488	$ 90,074
Total liabilities & equity	$ 143,025	$ 170,332

* 51% Stake in Suzhou Erye with historic earning of $4-10 million annually

(1)These key Financial Metrics should be read in conjunction with the Company's full financial statements which are available at sec.gov.

(2)On July 22, 2011 the Company closed on $16,500,000 in gross proceeds from the sale of units consisting of common stock and warrants.

Capitalization Table

NeoStem Capitalization Table

Capitalization (Common Share Equivalent in 000s)	Shares Outstanding		% Outstanding
Common Stock	82,247*		62.8%
Total Preferred Shares (common share equivalents)	4,609	(1)	3.5%
Total Warrants (average exercise price $2.43)	25,008*	(2)	19.1%
Total Options (average exercise price $1.77)	19,086		14.6%
Fully-diluted Shares Outstanding	130,950		100.0%

Equity Data (as of 6/30/2011)

(1)Includes Series B and Series E convertible redeemable preferred stock
(2)If all warrants are exercised for cash, result could be as much as $71 million in proceeds to NeoStem
**Does not include 13,750,000 shares of common stock and 10,312,500 warrant shares issued on July 22, 2011, or 6,821,283 shares of common stock and 1,881,008 warrant shares to be issued upon Amorcyte closing*

Key Executives

NeoStem Management Team

Robin Smith, MD MBA *CEO & Chairman of the Board*	• MD – Yale; MBA – Wharton • Formerly President & CEO IP2M (HC multimedia), EVP & CMO HealthHelp (radiology management) • Trustee of NYU Medical Center; Chairman of the Board of NYU Hospital for Joint Diseases (through November 2009) and Stem for Life Foundation
Jian Zhang *General Manager, Suzhou Erye Pharmaceuticals Co., Ltd*	• Joined Erye in 2003; extensive experience in the Chinese pharmaceutical industry • Degree in Finance and Accounting from Central Television University • Certified Public Accountant in China
Ian Zhang, PhD MBA *President and Managing Director NeoStem (China), Inc*	• PhD in Biotechnology –MBA – University of Chicago • Management and scientific positions in healthcare and biotech industries for past 20 years • Formerly with Life Technology Corporation; Dynal Biotech (Beijing) Ltd (subsidiary of Invitrogen)
Larry May *Chief Financial Officer*	• BS Business Administration – University of Missouri • Formerly Treasurer & Controller at Amgen; SVP Finance & CFO at BioSource Intl • Extensive experience building accounting, finance and IT operations
Catherine Vaczy, Esq *VP and General Counsel*	• BA – Boston College; JD – St. John's University • Formerly VP of Legal and Associate General Counsel for Imclone Systems Inc. • Formerly Corporate Counsel at Ross & Hardies, New York Office, Life Science Practice • Member of the Board of Stem for Life Foundation
Jason Kolbert, MBA *VP of Strategic Business Development*	• BS Chemistry – SUNY New Paltz, MBA University of New Haven • 17 years experience on Wall Street as Research Analyst in biotechnology in US and Asia • 6 years in the pharmaceutical industry with Schering-Plough in Japan
Andrew Pecora, MD, FACP *Chief Medical Officer*	• MD – University of Medicine and Dentistry of New Jersey • Chief Innovations Officer, Professor and Vice President of Cancer Services at John Theurer Cancer Center at Hackensack University Medical Center
Robert Preti, PhD *President and Chief Scientific Officer of PCT*	• PhD and MS in Cellular Biology / Hematology - New York University • One of the country's leading authorities on cell engineering and the principle investigator for a number of clinical trials relating to stem cell transplantation • 10 years experience as Director of Hematopoietic Stem Cell Processing & Research Laboratory


PCT Leadership
Product Characterization & Development
Wai Shun Chan, DPhil
Stem Cell Engineering
Robert A. Preti, PhD
Clinical Aspects of Cell Therapy
Andrew L. Pecora, MD
Cell Therapy BizDev
George S. Goldberger
cGMP Manufacturing
Marta Schilling
CELL THERAPY EXPERTISE
Marie DeVito
cGMP Quality Systems
Elizabeth Burns
cGMP Quality Systems & Training
Andrew Scherer
cGMP Facilities Development
Joseph F. Bertola
IT Systems
Joyce Frey-Vasconcells, PhD
FDA and Regulatory
Daryl LeSueur
cGMP Manufacturing
26
6

Board of Directors

NeoStem Board Members

Robin Smith, MD, MBA *CEO & Chairman of the Board*	• MD – Yale; MBA – Wharton • Formerly President & CEO IP2M (HC multimedia), EVP & CMO HealthHelp (radiology management) • Experience - Trustee of NYU Medical Center; Chairman of the Board of NYU Hospital for Joint Diseases (through November 2009) and Stem for Life Foundation
Eric Wei *Managing Partner, RimAsia Capital Partners*	• BS Mathematics & Economics – Amherst College; MBA – Wharton • Experience – Founder/Managing Partner of RimAsia Capital Partners (private equity); Peregrine Capital, Prudential Securities, Lazard Freres, Citibank; Gilbert Global Equity PartnersCrimson Asia Capital Partners
Mingsheng Shi *Chairman of the Board of Suzhou Erye Pharmaceutical*	• BSc Economics & Management – Party School of the Communist Party of China • Professional title of Senior Economist • Extensive experience in pharmaceutical industry in China
Steven Myers *(Independent)*	• BS Mathematics – Stanford University • Experience – Founder/Chairman/CEO SM&A (competition management services); career in aerospace and defense sectors supporting DoD & NASA programs
Drew Bernstein, CPA *(Independent)*	• BS – University of Maryland Business School • Licensed in State of New York; member AICPA, NYSSCPA and NSA • Experience – Bernstein & Pinchuk LLP (member of BDO Seidman Alliance); PRC auditing; 200+ real estate transactions with $3B+ aggregate value; accountant and business advisor
Richard Berman *(Independent)*	• Over 35 years of venture capital, management, M&A experience • Experience – Current Board of Directors of Apricus Biosciences, Easylink Services International, Inc., Advaxis, Inc., Broadcaster, Inc., National Investment Managers
Edward Geehr, MD *(Independent)*	• BS – Yale University; MD – Duke University • Experience – Abraxis Bio-Science; Allez Spine; IPC-The Hospitalist Company
Andrew Pecora[1], MD, FACP	• MD — University of Medicine and Dentistry of New Jersey • Experience – Chief Innovations Officer, Professor and Vice President of Cancer Services at John Theurer Cancer Center at Hackensack University Medical Center, and Managing Partner of the Northern New Jersey Cancer Center

(1) Expected 2011

What's on the Horizon?

- Closing of the acquisition of Amorcyte
- Enrollment of patients in AMR-001 Phase 2 trial in AMI
- Clinical advancement of the T-reg program for transplantation and autoimmune disease
- Monetization of 51% ownership in Suzhou Erye
- Leveraging and creating partnerships
- Higher level of visibility associated with NeoStem's therapeutics direction
- Vatican adult stem cell conference – part of NeoStem/Vatican collaboration

Investment Highlights

- Progenitor Cell Therapy (PCT) - a leading cell therapy developer and contract manufacturer
- Robust proprietary product pipeline
  - AMR-001 for AMI entering Phase 2 (additional indications to include CHF)
  - T-regulatory cells for GvHD, solid organ rejection, and autoimmune disorders (asthma and diabetes)
  - VSEL™ Technology - Adult stem cell platform with multiple regenerative product opportunities such as retinal repair, bone regeneration, wound healing
- Commercializing cell therapy in China through a network of hospitals and partnerships
- Pursuing divestiture of 51% ownership interest of Suzhou Erye
- Experienced management team

Appendix

Amorcyte Scientific Advisory Board

Eugene Braunwald, MD, FRCP	• Brigham & Women's Hospital
Bernard J. Gersh, MD, ChB, DPhil, FRCP	• The Mayo Clinic
Dean J. Kereiakes, MD, FACC	• The Christ Hospital Heart of Greater Cincinnati
Thomas Klitzner, MD, PhD	• UCLA School of Medicine
Douglas L. Mann, MD, FACC	• Washington University School of Medicine
Andrew L. Pecora, MD, FACP, CPE	• Chief Medical Officer, NeoStem • Hackensack University Medical Center
Carl J. Pepine, MD	• University of Florida College of Medicine
Emerson C. Perin, MD, PhD, FACC	• Texas Heart Institute
Bertram Pitt, MD	• University of Michigan School of Medicine
Arshed Quyyumi, MD, FRCP, FACC	• Principal Investigator, Phase II • Emory University School of Medicine
Edmund K. Waller, MD, PhD, FACP	• Emory University School of Medicine
James T. Willerson, MD	• University Texas Health Science Center
Joseph Wu, MD, PhD	• Stanford University School of Medicine

Athelos Scientific Advisory Board

Robert A. Preti, PhD, Chairman	• Progenitor Cell Therapy
Bruce Blazar, MD	• University of Michigan Masonic Cancer Center
Jeffrey Bluestone, PhD	• University of California, San Francisco, Diabetes Center
David A. Horwitz, MD	• University of Southern California
Carl June, MD	• Perelman School of Medicine, University of California
Robert Korngold, PhD	• Hackensack University Medical Center
Wayne A. Marasco, MD, PhD	• Dana-Farber Cancer Institute
Robert S. Negrin, MD	• Stanford University
David Peritt, PhD	• Hospira
Camillo Recordi, MD	• University of Miami Diabetes Research Institute
Noel L. Warner, PhD	• BD Biosciences

AMR-001 Advantages in the Landscape

	AMORCYTE	t2cure	Athersys/Angiotech	Mesoblast/Cephalon	Cytori	Osiris	Aastrom	Aldagen	Baxter
Clinical Development Stage	PII	PII	PI	PI	PII	PII	PII	PI	PII
Field of Use	AMI	AMI	AMI	AMI	AMI	AMI	HF	HF	CMI
Defined Mechanism of Action	✓	✓			✓			✓	✓
Autologous	✓	✓			✓		✓	✓	✓
Potential Toxicities /Safety Signals				✓		✓	✓		
Centralized Manufacturing	✓	✓	✓	✓		✓	✓	✓	✓
cGMP Defined Product	✓		✓	✓		✓	✓	✓	✓
Threshold Dose	✓	✓	✓	✓					✓
Cells Expanded			✓	✓		✓	✓		
Strong IP	✓								

AMI = Acute Myocardial Infarction
HF = Heart Failure
CMI = Chronic Myocardial Ischemia

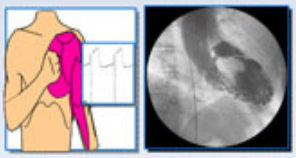
AMR-001 Advantages

- Functionality of $CD34^{+}CXCR4^{+}$ cells
- Confirmed mechanism of action
- cGMP processing and manufacturing that stabilizes the $CD34^{+}CXCR4^{+}$ cells
- Potency, viability, stability, sterility, and variability assays
- Threshold dose is established at 10 million cells
- Dominant IP
  - composition of matter
  - methods and processes
  - catheter delivery

Phase 2 Clinical Trial Process

1. Patient presents with chest pain + STEMI and is assessed via Ventriculography (EF <45%)

Ventriculography



Day 1

2. Patient receives stenting and usual medical Rx

Day 1 - 3

3. Patient screened, and enrolled in trial if Ejection Fraction (EF) ≤ 48%

CMR

Day 4

4. Patient randomized into Treatment or Control

Day 4

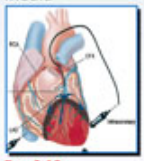
5. Patient Bone Marrow Harvested

Day 5-8

6. CD34⁺CXCR4⁺ isolated using patented technology

Day 6-8

7. Intracoronary CD34⁺CXCR4⁺ cell product infusion or media



Day 6-10

8. Cardiac function measures by SPECT MPI and MRI

- RTSS
- EF
- ESV
- EDV

6 Months

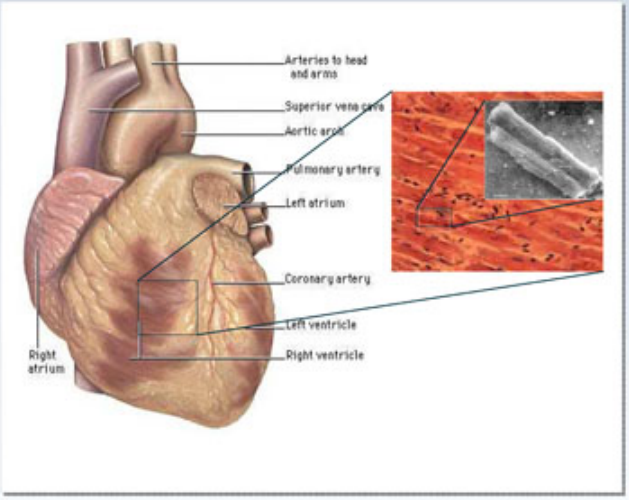
9. Major Adverse Cardiac Events

- Mortality
- AMI
- Admission for CHF

12,18 Months

NeoStem

Once Lost, Cardiomyocytes Are Unable to Significantly Regenerate to Restore Cardiac Function



- $10^8 – 10^9$ cardiomyocytes may be lost after sublethal AMI in humans
- Bermann, et al, measured the integration of carbon-14, into DNA of cardiomyocytes in humans
- They report that cardiomyocytes regenerate at 1% each year up to the age of 25 and then annual regeneration rates gradually fall to 0.45% at the age of 75

Cardiomyocyte Renewal is Very Limited Over the Course of a Normal Life Span, and Decreases with Age

Quyyumi AA et al 2011, American Heart Journal; 161(1) 98-105

Post STEMI Complications Are a Function of Left Ventricular Ejection Fraction

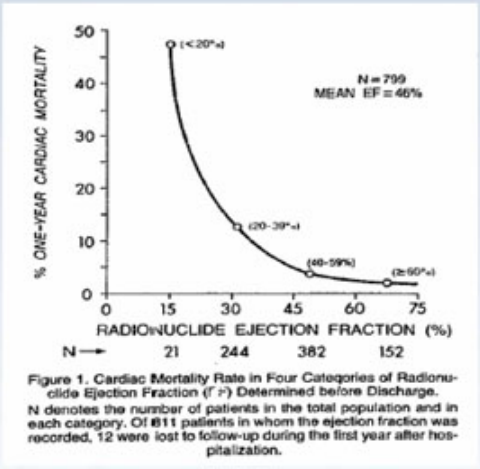
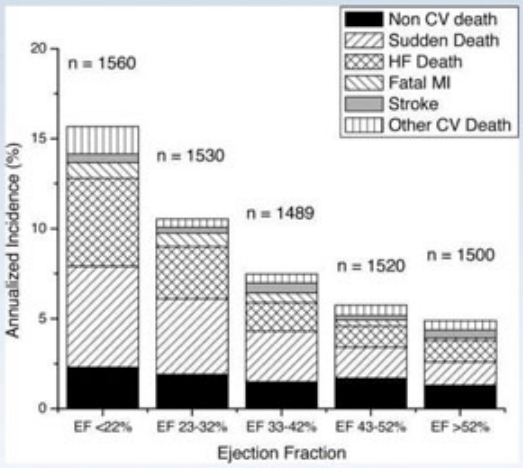


Figure 1. Cardiac Mortality Rate in Four Categories of Radionuclide Ejection Fraction (EF) Determined before Discharge. N denotes the number of patients in the total population and in each category. Of 811 patients in whom the ejection fraction was recorded, 12 were lost to follow-up during the first year after hospitalization.



1 year survival declines <u>dramatically</u> when left ventricular ejection fraction is <45%
The increase in mortality is driven by sudden cardiac death and progressive pump failure

Solomon, 2006
NEJM, 2003

Cell Type: Circulating CD34⁺Cell Levels and Migratory Capacity Correlate With Cardiac Function

- Circulating $CD34^+$ cell quantity 1 year post-MI significantly correlates (positive) to left ventricular ejection fraction (LVEF), wall motion score index, end diastolic volume and end systolic volume
- The number of circulating stem cells mobilized early (<12 hours) in AMI was significantly correlated with LVEF for $CD34^+$ cells, for $CXCR4^+$ cells, for $CD117^+$ cells and c-met+ cells (P value < 0.004) [1]
- In patients with LVEF less than or equal to 40%, the peak circulating number of $CD34^+$, $CXCR4^+$ $CD117^+$ and c-met+ cells was significantly lower when compared to patients with LVEF greater than 40% (p=0.02) [2,3]
- The only cytokine independently associated with significant increases in circulating $CD34^+$ cells is SDF (not VEGF) [4]
- In the TOPCARE-AMI study, the migratory capacity of infused $CXCR4^+$ progenitors induced by SDF-1 was the strongest independent predictor of the reduction of the infarct size assessed by contrast MRI[5]

1. Ceradini et al. Nature Medicine 2004: 10: 858-863 *Progenitor Cell Trafficking is regulated by hypoxic gradients through HIF induction of SDF-1*
2. Wojciech Wojakowski et al. European Heart Journal 2006; 27: 283-289. *Mobilization of CD34+, CD117+, c-met+ stem cells is correlated with left ventricular ejection fraction and plasma NT-proBNP levels in patients with acute myocardial infarction*
3. Leone Am, et al. Eur Heart J 2005; 26: 1196-1204 *Mobilization of bone marrow derived stem cells after myocardial infarction and left ventricular function*
4. Tomoda et al Clin Cardiol 2003: 26: 455-457 *Bone Marrow stimulation and left ventricular function in acute myocardial infarction*
5. Britten Mb, et al. Circulation 2003: 108; 2122-2218 *Remodeling after intracoronary progenitor cell treatment in patients with acute myocardial infarction*

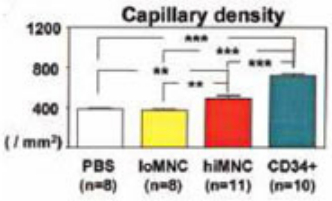
IRA Infusion of Bone Marrow-MNCs Preserve Cardiac Function Reduce MACE in a Dose-Dependent Fashion in Patients Early and Late Post AMI The Benefits Persist Out to Five Years

- **Over 1000 AMI patients have received IRA Infusion of Bone Marrow MNC (BMNC) Post AMI and have had significant improvements in:**[1]
  - LVEF (absolute increase by 3-7%)
  - LVESV (decrease by 5-8 ml)
  - Infarct size (absolute decrease by 4-6%)
  - MACE (decreased incidence of recurrent AMI, new onset CHF and death)
- **Significant Improvement in cardiac function and reduction in MACE dependent on:**[2,3]
  - IRA infusion of B-MNC 5 or more days post STEMI (avoid hot phase)
  - IRA infusion of more than 10^8 and ideally more than 10^9 BMNC
  - IRA infusion of BMNC with migratory potential in an SDF-1 gradient
- **Durability of significant effect is long term (4-5 years) whether BMNC are administered acutely (4-21) or late (median 8 years) after a STEMI:**[4,5]
  - Acute BMNC administration preserves cardiac function for up to 4 years and reduces MACE at two years
  - Late BMNC administration restores cardiac function and reduces mortality four fold at 5 years (15.6% versus 3.7% p<0.001)

1. Rendon E.M. et al Eur Heart J. 2008; 29: 1807-1818:
2. Huikuri H.V. et al Eur Heart J. 2008 29: 2723-2732:
3. Schachinger V. N Eng J Med 2006; 355: 1210-1221:
4. Cao F. et al Eur Heart J 2009: 30: 1986-1994:
5. Strauer B.E. Eur J of Heart Failure 2010: 12

Cell Type: Isolated CD34⁺Cells Most Able to Improve Perfusion, Prevent Apoptosis and Rescue Hibernating Cardiomyocytes

CD34⁺ Cells Exhibit Increased Potency and Safety for Therapeutic Neovascularization after AMI Compared with Total Mononuclear Cells in Nude Rats:



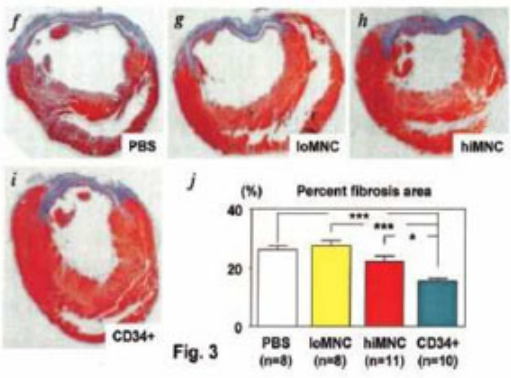


Fig. 3

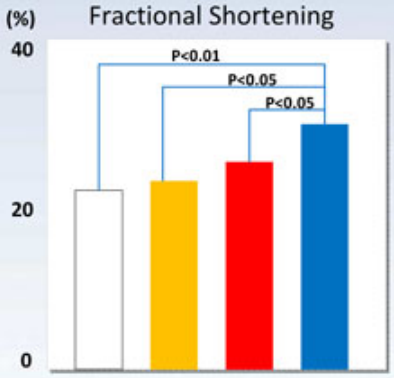
PBS = Phosphate-buffered saline
loMNCs = 5x10^5 MNC
hiMNCs = contains 5x10^5 CD34⁺ cells within MNCs
CD34+ = 5x10^5 CD34+ cells

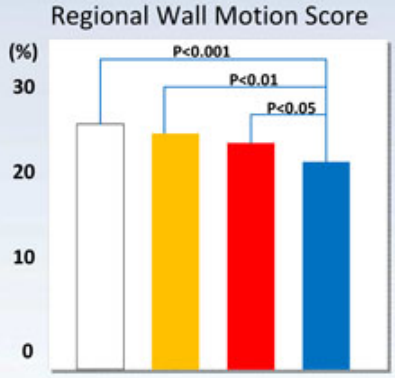
Capillary density (perfusion) is greatest in CD34⁺ cell cohort, and this correlates with decreased incidence of fibrosis
Effect increases with dose

Quyyumi AA et al 2011, American Heart Journal; 161(1) 98-105

Cell Type: Isolated CD34⁺ Cells Best Able to Maintain Cardiac Function

The superior improvement in capillary density and decrease in fibrosis seen with purified CD34⁺ cells infusion correlates with superior improvement in cardiac muscle function:



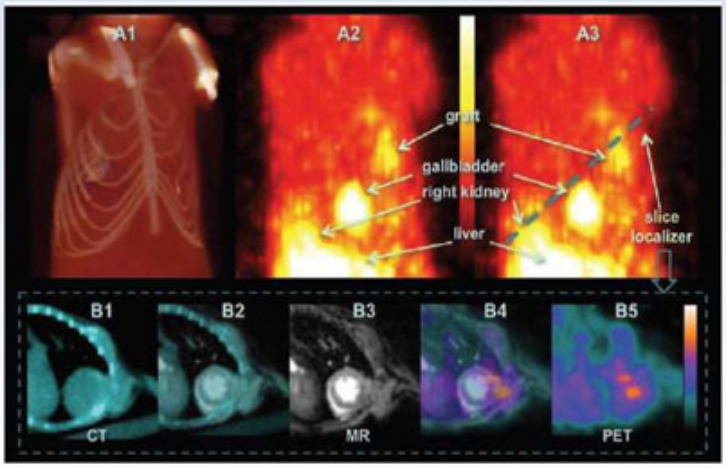


PBS = Phosphate-buffered saline
loMNCs = 5x10^5 MNC
hiMNCs = contains 5x10^5 CD34⁺ cells within MNCs
CD34+ = 5x10^5 CD34⁺ cells

Kawamoto et al., *Circulation 2006;114;2163-2169*

CD34+ Cells Localize in the Peri-infarct Zone

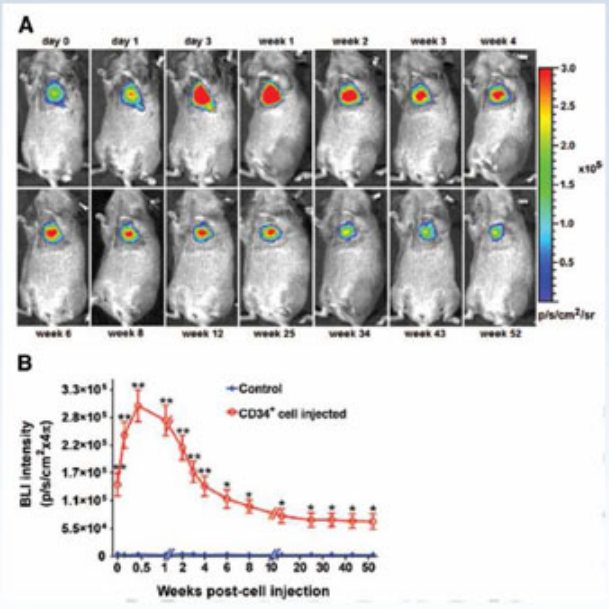
Localization of transplanted CD34 cells in the peri-infarct area of the heart is revealed by coregistration of MRI, micro-CT and micro-PET



A1. Three-dimension rendering of micro-CT to show anatomy and viewing angle for (A2 and A3) micro-PET maximum intensity projections after registration. PET maximum intensity projections demonstrate graft-related uptake and other nonspecific (ie, normal) uptake in various organs. A3. Localizer for the slice shown in B.

Quyyumi AA et al 2011, American Heart Journal; 161(1) 98-105

CD34⁺ Cells Survive in the Heart For Over 12 Months



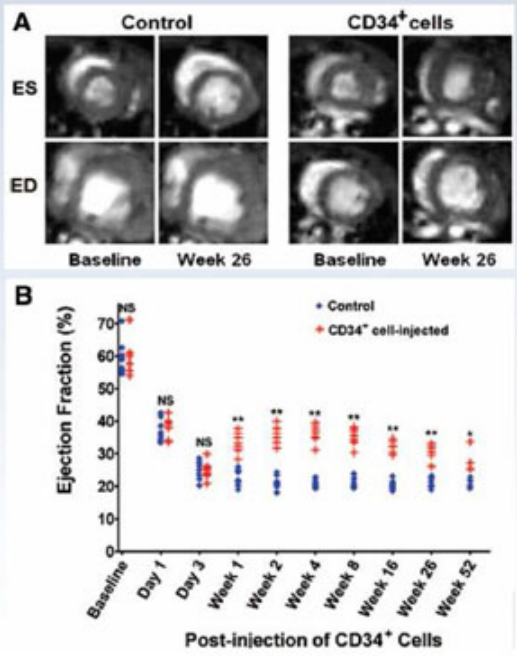
Wang et al., *Circ. Res. 2010: 106:1904-1911*

Long-term BLI of TGL-CD34 in SCID mice:

A. The bioluminescent signal in the heart was superimposed on a photograph of a SCID mouse for the indicated time points after CD34⁺ cell injection (representative mouse)

B. BLI intensity in SCID mice injected with CD34 cells is significantly higher than the mice received PBS injection over a 52-week time period. BLI intensity was assessed by measuring the photon flux from region of interest drawn over the precordium. Data are expressed in mean ±SE (n7/group).

LVEF Significantly Improved in Treated Mice Compared to Control Mice For Up to 52 Weeks



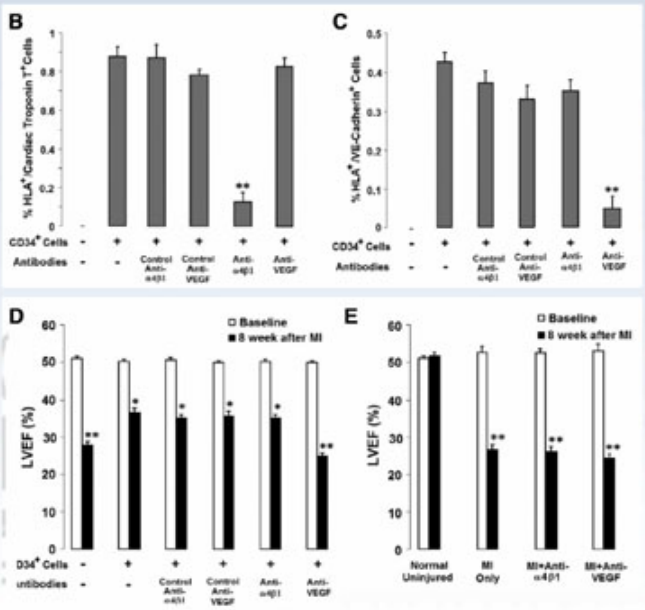
Evaluation of cardiac function using MRI:

A. Representative sequential images of the ES and ED volumes from a $CD34^+$ cell–transplanted mouse and a control mouse over 25 weeks

B. Dot graph of the LVEF in control mice vs $CD34^+$ cell-transplanted mice over a 52-week time period. There is a significant difference between groups for LVEF at each time point. Data are expressed in mean ± SE (n7/group, except for week 52). NS: *PNS;*

Wang et al., *Circ. Res. 2010: 1904-1911*

In Vivo Antibody Treatments Inhibit Myogenesis/Angiogenesis and Affect Cardiac Function Induced by Injection of CD34⁺ Cells Into Mice After MI



B. Anti- *α4B1*, but not anti-VEGF, antibodies inhibited the formation of human-derived cardiomyocytes (HLA /troponin T), as determined by FACS analysis.

C. Only anti-VEGF inhibited the formation of human-derived endothelial cells (HLA/VE-cadherin).

D. Anti-VEGF, but not anti- *α4B1*, antibodies diminished the effect on the improvement in the LVEF caused by the injection of human CD34⁺ cells.

E. Treatment with anti- *α4B1* or anti-VEGF antibodies did not affect LVEF following MI without cell therapy (Data are expressed in mean ± SE (n4/group).

Wang et al., *Circ. Res. 2010: 1904-1911*

Source of Cells: Autologous vs. Allogeneic and Mesenchymal

	Autologous (AMR-001)	Allogeneic and Mesenchymal
Immunogenicity	• non-immunogenic	• Cellular and humoral host immune response has been elicited • T-cell memory response documented in transgenic and naive mice
Inflammation	• non-inflammatory	• Lymphocytic inflammatory infiltrates directed at foci of non-self stem cells in three species (dog, swine, sheep) • Immunocytochemical studies demonstrate that infiltrates stain for T cells and macrophages
Safety	• there have been no serious safety concerns identified in AMR-001 trial or in other large trials (>200 patients)	• Direct transplantation to acutely infarcted heart resulted in pathological calcifications and/or ossifications • Pro-arrhythmic effects demonstrated *in vitro* co-culture model • Embolism seen following intracoronary delivery in MI swine model

CD34+ cells are the most appropriate cell type for safe and effective AMI therapy

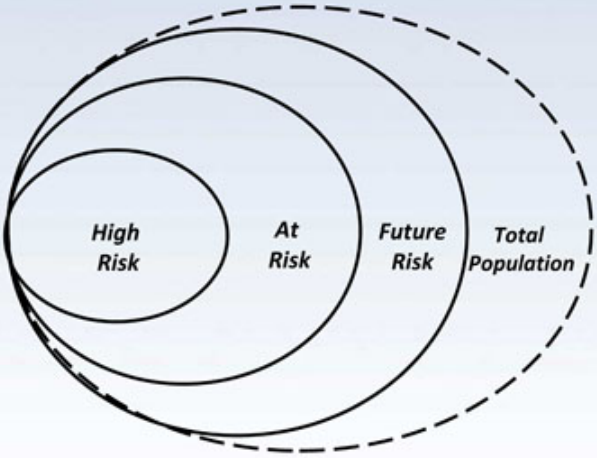
Product Development: Controlled vs. Unmanipulated Cell Preparation

	Controlled Cell Preparation (AMR-001)	Unmanipulated Bone Marrow Cells
Potency	• Consistent formulation delivers potent preparation for effective therapy	• Number of CD34+ cells varies widely and the % can be as low as 2% •There is little or no information available on potency of the cells at the time of infusion
Sterility	• Production facility and quality control of end product are highly monitored to produce uniform product	• Appropriate aseptic preparation and handling procedures are likely observed • Microbiological tests are negative, time constraints preclude sterility testing
Stability	• Quality control ensures end product will be stable for appropriate administration period	• There is little or no information on stability at the time of infusion
Dose	• Uniformity of production ensures delivery of an appropriate therapeutic dose, critical for desired clinical outcome	• Cell numbers vary greatly and it is possible that sub-therapeutic doses are administered to patients

Consistent product development is essential for safe and effective AMI therapy

Accessible Patient Segmentation

Significant medical need exists in a range of patient populations with potential for growth. Targeting will focus on the main sub-groups of in the U.S. market based on risk factors and potential for positive response to therapy.



- High risk patients are those with ejection fractions of <40%
- At-risk patients are those with ejection fractions of ≤48%
- Future risk patients are those with ejection fraction >48% and those who could be candidates for a second course of therapy

AMR-001 Pricing Will Allow for Appropriate Commercial Margins

Therapy	Stem Cell Product Acquisition Charge		Total Cost of Therapy
	US	International	
Bone Marrow	$26,090	$41,555	$125 – 150,000
Peripheral Blood (PBSC)	$25,620	$41,645	$85 - $125,000
Cord Blood Transplant	$34,045	$43,025	$150 – 300,000
Provenge®	$93,000 (3Trt)		Not Available
AMR-001	TBD	TBD	TBD

There are > 400,000 STEMI patients/year with over 160,000 patients benefiting from AMR-001