## SEC Form 4

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# FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

# OMB APPROVAL OMB Number: 3235-0287

Estimated average burden hours per response: 0.5

1. Name and Addres	s of Reporting Persor <u>h</u>	*	2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>NeoStem, Inc.</u> [ NBS ]	(Check	ionship of Reporting all applicable) Director	10% Owner	
(Last) (First) (Middle) C/O NEOSTEM, INC. 420 LEXINGTON AVENUE, SUITE 350 (Street) NEW YORK NY 10170 (City) (State) (Zip)		× ,	3. Date of Earliest Transaction (Month/Day/Year) 08/01/2014	X	Officer (give title below) See Re	Other (specify below) marks	
		10170	4. If Amendment, Date of Original Filed (Month/Day/Year)	<ul> <li>6. Individual or Joint/Group Filing (Check Applicable Line)</li> <li>X Form filed by One Reporting Person</li> <li>Form filed by More than One Reporting Person</li> </ul>			

#### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)						5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(11311.4)
Common Stock, \$0.001 par value <sup>(1)</sup>	08/01/2014		A <sup>(1)</sup>		6,303	Α	\$ <mark>0</mark>	7,629	D	

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		n of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Option (right to purchase) <sup>(1)</sup>	\$6.21	08/01/2014		A <sup>(1)</sup>		25,000		08/01/2014	07/31/2024	Common Stock, par value \$0.001 per share	25,000	\$0	25,000	D	

#### Explanation of Responses:

1. On August 1, 2014, the Reporting Person was granted an option (the "Option") to purchase 25,000 shares of the Issuer's common stock (the "Option Shares"), \$.001 par value (the "Common Stock"), subject to all terms and conditions of the Issuer's 2009 Amended & Restated Equity Compensation Plan (the "Plan"). Also on August 1, 2014, the Reporting Person was granted an award of 6,303 shares of Common Stock (the "Shares"), subject to all of the terms and conditions of the Plan. The Option and Shares were fully vested upon grant and the withholding taxes associated with the Shares are being paid by the Company. The award was approved by the Compensation Committee as a bonus for the successful completion of the acquisition of California Stem Cell, Inc. ("CSC") by the Issuer.

#### Remarks:

VP, Corporate Controller and Chief Accounting Officer

<u>/s/ Catherine M. Vaczy, Esq.,</u> <u>Attorney-in-Fact</u>

08/01/2014

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

\* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.