FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-028								
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0.5

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

								,			- 1	,										
Name and Address of Reporting Person*						2. Issuer Name <b>and</b> Ticker or Trading Symbol NeoStem, Inc. [ NBS ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Pecora Andrew L					1	Neodiciii, IIIC. [ ND3 ]										X	Direc	ctor		10% C	10% Owner	
(Last)	(F	irst) (	(Middle)			3. Date of Earliest Transaction (Month/Day/Year)										X	belov	,		Other (specify below)		
C/O NEOSTEM, INC.					01/	01/15/2015										Chief Visionary Officer						
420 LEXINGTON AVENUE, SUITE 350																						
					- 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable						
(Street)															L	ine)	_	<i></i>	_	5		
NEW YO	ORK N	Y	10170													X		n filed by On		Ü		
,					-												Forn Pers	n filed by Mo on	re tha	an One Rep	orting	
(City)	(S	state) (	(Zip)																			
		Tab	le I - Nor	า-Deriv	ative	Se	ecuriti	es Ac	quire	d, Di	spo	osed o	f, o	r Ben	efici	ally	Owne	ed				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					ar)	Executi if any	2A. Deemed Execution Date, f any Month/Day/Year)		Transaction Disp Code (Instr. 5)		Disposed	ecurities Acquired (A) posed Of (D) (Instr. 3,			4 and Sec Ber Ow		curities neficially vned Following		wnership m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Cod	le V	,	Amount		(A) or (D)	Price	•	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock, \$0.001 par value <sup>(1)</sup> 01/15/					5/2015					.)		684		A	\$3.	82	348,780			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. Deem Execution if any (Month/Da	Date,	Date, Transactio Code (Inst				6. Date Expira (Month	tion Da	ate	ole and	7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)		str. 3	Deri Secu	rice of ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci			piration te	Amou or Numb of Title Share		nber							

## **Explanation of Responses:**

1. Effective August 15, 2013, the Issuer's Board of Directors approved an arrangement whereby the Reporting Person shall receive a portion of his net salary through the issuance to him by the Issuer of shares of the Issuer's common stock, \$.001 par value (the "Common Stock") at the then-market price at the time of issuance, under and subject to the terms and conditions of the Issuers' Amended & Restated 2009 Equity Compensation Plan (the "Plan").

Andrew L. Pecora By: /s/
Catherine M. Vaczy, Esq., 01/15/2015
Attorney-in-Fact

\*\* 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.