FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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0.5

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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 S	Sectio	n 30(h)	of the I	Investr	nent C	ompa	any Act o	of 19	40							
1. Name and Address of Reporting Person $^*$ $\underline{Smith\ Robin\ L}$					2. Issuer Name and Ticker or Trading Symbol NeoStem, Inc. [ NBS ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
															X	Direc	ctor		10% C	wner	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)									$\dashv$	X	Offic belov	er (give title v)		Other ( below)	specify
C/O NEOSTEM, INC. 420 LEXINGTON AVENUE,						08/31/2011										Chairman of Board and CEO					)
SUITE 450					4 15	A If Amandament Data of Original Filed (Manth/D 1977)										C. Individual or Jaint/Croup Filing (Charl. Accidents					
(Ctroot)					4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) NEW YORK NY 10170																X	Form filed by One Reporting Person				
																	Form filed by More than One Reporting				
(City)	(St	ate) (	Zip)														Pers	on			
		Tahl	e I - Nor	n-Deriv	ative	Sar	ruritio	s Ac	auiro	d Di	enc	n baan	fο	r Bon	efici	ally	Owne				
			e i - ivoi			_			<del>-</del>	u, Di	÷		_			_					
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da						ır) E	A. Deemed xecution Date, any /lonth/Day/Year)		Transaction Disposed Code (Instr. 5)			ties Acquired (A) d Of (D) (Instr. 3, 4			4 and S B				nership : Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
								Cod	de V	4	Amount		(A) or (D)	Price	;	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock, \$0.001 par value 08/31/					/2011			A <sup>()</sup>	1)		11,637		A	\$0.73		3 1,037,849			D		
		Ta	ble II - D	Derivati	ive S	ecu	rities	Acan	ired.	Disn	OS 6	ed of	or F	Senef	iciall	v O	vned		,		
				e.g., pı																	
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,	4. Transa Code (I 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisa Expiration Date (Month/Day/Year				7. Title and Amount of Securities Underlying Derivative Security (Inst and 4)		ı	Deri Sec	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction( (Instr. 4)	O F D OI (I)	0. ownership orm: irect (D) r Indirect ) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	isable		piration	Title	or Nu of	nount mber ares						

## **Explanation of Responses:**

1. On July 22, 2011, the Compensation Committee of the Issuer's Board of Directors approved an arrangement whereby the Reporting Person shall receive, at her option, her net salary for the pay period ending July 31, 2011 through the pay period ending October 31, 2011 through the issuance to her by the Issuer of shares of the Issuer's common stock at the then-market price, under and subject to the terms and conditions of the Issuer's 2009 Equity Compensation Plan (the "2009 Plan").

> Robin L. Smith, By: /s/ Catherine M. Vaczy, Esq.,

08/31/2011

**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).

Code V

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.

(A) (D)