FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

Washington, D.C. 20049	

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287
Estimated average burden
hours per response: 0.5

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*  Preti Robert A  (Last) (First) (Middle)						eoS1	of Earliest	<u>c.</u> [ ]	NBS ]			(Ch	eck all appli Direct Office	ationship of Reporting F k all applicable)  Director  Officer (give title below)  See Ren		10% Ov Other (s below)	/ner		
C/O NEOSTEM, INC.					12	12/31/2013									see n	emai	KS		
420 LEX	INGTON A	AVENUE, SUIT	E 350		4	If Ame	endment I	Date o	of Original	Filed	(Month/Da	av/Year)	6.1	ndividual or	Joint/Grour	Filing	(Check An	olicable	
(Street)	ORK N	Y	10170										Lin	e) X Form t Form t					
(City)	(S	state)	(Zip)											1 6130					
		Tab	le I - No	n-Deri	vativ	e Se	curities	s Ac	quired,	Dis	posed o	f, or Be	neficial	ly Owned	l				
1. Title of Security (Instr. 3)  2. Trans Date (Month/				Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disp			urities Acquired (A) o sed Of (D) (Instr. 3, 4		Benefic	es ally Following	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	Transac (Instr. 3	ction(s)			(11341. 4)	
Common stock, \$0.001 par value <sup>(1)</sup> 12/31/2					1/201	2013		<b>A</b> <sup>(1)</sup>		361	A <sup>(1)</sup>	\$4.84	183	183,175		D			
			Table II -									or Bend ble secu		Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	Code (Ir				6. Date Expiration (Month/Date	n Date	9	of Securities		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisat		Expiration Date	Title	Amount or Number of Shares						
Stock Option (Right to	\$7.77	01/02/2014			A <sup>(2)</sup>		75,000		(2)		01/01/2024	Common Stock, par value \$0.001	75,000	\$0	75,00	0	D		

## **Explanation of Responses:**

- 1. Shares purchased pursuant to NeoStem, Inc.'s 2012 Employee Stock Purchase Plan for the period ended December 31, 2013.
- 2. On January 2, 2014 (the "Grant Date"), the Reporting Person was granted an option (the "Option") to purchase shares (the "Option Shares") of the Issuer's common stock, \$.001 par value, subject to all of the terms and conditions of the Issuer's 2009 Amended & Restated Equity Compensation Plan. The Option vests as follows: (i) as to one-sixth of the Option Shares on the date of grant, (ii) as to one-sixth of the Option Shares upon the achievement of a certain specified business milestone; and (iv) as to the remaining one-sixth of the Option Shares upon the achievement of an additional certain specified business milestone.

## Remarks:

Chief Scientific Officer, NeoStem, and President of Progenitor Cell Therapy, LLC, a wholly-owned subsidiary of the Issuer

Robert A. Preti By: /s/ Catherine M. Vaczy, Esq.,

01/03/2014

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.