FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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* <u>Dillman Robert</u>						2. Issuer Name and Ticker or Trading Symbol NeoStem, Inc. [NBS]							f Reporting able) r (give title	ng Person(s) to Iss					
(Last) (First) (Middle) C/O NEOSTEM, INC.					3. Date of Earliest Transaction (Month/Day/Year) 05/09/2014							below)			below)	респу			
420 LEXINGTON AVENUE, SUITE 350																			
(Street) NEW YORK NY 10170				_	4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(Sta	ate) (2	Zip)																
		Tab	le I - Non-Der	ivativ	e Sec	curities	Ac	quired, Di	sposed o	f, or Ber	neficiall	y Owned							
1. Title of Security (Instr. 3) 2. Transa Date (Month/D.					action 2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr. 5)			d (A) or r. 3, 4 and	5. Amour Securitie Beneficia Owned F Reported	es Fo ally (D) Following (I)		: Direct I Indirect I str. 4) (7. Nature of Indirect Beneficial Ownership (Instr. 4)				
								Code V	Amount	unt (A) or (D)		Transact (Instr. 3 a	ction(s)						
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	se (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Insti 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e Ow s For ally Dire or I	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 Options (right to purchase) ⁽¹⁾	\$4.92	05/09/2014		A ⁽¹⁾		45,000		(1)	05/08/2024	Common Stock, par value \$0.001 per share	45,000	\$0	45,000	0	D				

Explanation of Responses:

1. On May 9, 2014 (the "Grant Date"), in connection with the commencement of the Reporting Person's employment with NeoStem, Inc. (the "Issuer"), the Reporting Person was granted an option (the "Option") to purchase an aggregate of 45,000 shares of the Issuer's common stock, par value \$0.001 per share (the "Option Shares"), subject to all of the terms and conditions of the Issuer's 2009 Amended & Restated Equity Compensation Plan. The Option is scheduled to vest as to 15,000 Option Shares on each of May 9, 2015, May 9, 2016 and May 9, 2017, subject to the Reporting Person's continued employment.

Remarks

Vice President, Oncology of the Issuer. The Reporting Person also serves as Chief Medical Officer of the Issuer's NeoStem Oncology, LLC subsidiary.

<u>Dr. Robert O. Dillman, By: /s/</u>
<u>Catherine M. Vaczy, Esq.,</u>

Attorney-in-Fact

05/09/2014

** 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.