FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| ٧ | vas | hing | ton, | D.C. | 20549 | |
|---|-----|------|------|------|-------|--|
| | | | | | | |

| Check this box if no longer subject to | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|--|--|
| 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 |

OMB APPROVAL OMB Number: 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* Pecora Andrew L | | | | | 2. Issuer Name and Ticker or Trading Symbol NeoStem, Inc. [NBS] | | | | | | | | | | p of Reporting Person(s) to Issuer blicable) ctor 10% Owner | | | | | |
|---|--|--|--|------------|--|---|--|------------------|-------------------|--|---------------------|--|---------------------|--------------------|--|-------------------------------------|--|---|--|--|
| | onstantial (Sirst) (Middle) Oneostem, Inc. United States (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/06/2012 | | | | | | | | | X Officer (give title Other (specify below) Chief Medical Officer | | | | | |
| (Street) NEW YC | | | 10170 Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing Line) X Form filed by One Repo Form filed by More than Person | | | | | | ting Pers | on | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution D | | n Date, | Code (Instr | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | 4 and Secu Bene | | cially I Following | Form: | nership Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code | v | Amount | | (A) or (D) | Price | | Transaction(s) (Instr. 3 and 4) | | | | (| |
| Common Stock, \$0.001 par value ⁽¹⁾ | | | | 12/06/2012 | | | | A ⁽¹⁾ | | 6,887 | 7 A | | \$ <mark>0</mark> . |).64 2,0 | | 065,052 | | D | | |
| | | Та | able II - I | | | | | | | | sed of, onvertib | | | | y Oı | vned | | | | |
| 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/Day | Date, T | 4. Transa Code (8) | | of Derive Secur Acque (A) or Disposof (D) (Instr | of | | 6. Date Exercisable Expiration Date (Month/Day/Year) | | Amount Securitie Underlyi Derivativ Security and 4) | | str. 3 | Deri Seci | Price of erivative ecurity nstr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | of | | | | | | | |

Explanation of Responses:

1. On August 20, 2012, the Issuer's Board of Directors approved an arrangement whereby the Reporting Person shall receive his net salary for his three out of five day workweek through the issuance to him by the Issuer of shares of the Issuer's common stock at the then-market price at the time of issuance, under and subject to the terms and conditions of the Issuers' 2009 Equity Compensation Plan.

Andrew L. Pecora By: /s/

Catherine M. Vaczy, Esq., 12/14/2012

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.