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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| OWR APPI | ROVAL |
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| OMB Number: | 3235-0287 |
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| hours per response: | | 0.5 |

| | ss of Reporting Perso | n* | 2. Issuer Name and Ticker or Trading Symbol NeoStem, Inc. [NBS] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|------------------------|-----------------------|----------|---|---|-----------------------------------|-----------------------|--|--|--|
| <u>Pecora Andrew L</u> | | | <u></u> | X | Director | 10% Owner | | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) | X | Officer (give title below) | Other (specify below) | | | |
| C/O NEOSTEM | , INC. | | 06/30/2014 | | Chief Visionary | y Officer | | | |
| 420 LEXINGTO | N AVENUE, SUI | TE 350 | | | | | | | |
| (Street) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | idual or Joint/Group Filir | ıg (Check Applicable | | | |
| NEW YORK | NY | 10170 | | X | Form filed by One Rep | oorting Person | | | |
| | | | | | Form filed by More that Person | an One Reporting | | | |
| (City) | (State) | (Zip) | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|--|--|---|---|--|--------|---------------|---------|---|---|---|
| | | | | | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | |
| Common Stock, \$0.001 par value ⁽¹⁾ | 06/30/2014 | | A ⁽¹⁾ | | 3,247 | A | \$5.542 | 273,672 | 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. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | 5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5 | ative rities ired osed | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | Expiration Date Ame (Month/Day/Year) Sec Und Deri Sec | | Expiration Date Amount of Derivative (Month/Day/Year) Securities Security | | piration Date Amount of onth/Day/Year) Securities Underlying Derivative Security (Instr. 3 | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 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 | | | | | | | |

Explanation of Responses:

1. Shares purchased pursuant to NeoStem, Inc.'s 2012 Employee Stock Purchase Plan for the period ended June 30, 2014.

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

07/01/2014

** 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.