FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL				
	OMB Number:	3235-0287				
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l	hours per response:	0.5				

	Check this box if no longer subject to
١	Section 16. Form 4 or Form 5 obligations may continue. See
J	obligations may continue. See
	Instruction 1(h)

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

Name and Address of Reporting Person*							2. Issuer Name and Ticker or Trading Symbol NeoStem, Inc. [NBS]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Pecora Andrew L					1	incostem, me. [ND3]									X	Direc	ctor	10	% Owner		
-															v Offi		er (give title	Ot	er (specify		
(Last) (First) (Middle)							3. Date of Earliest Transaction (Month/Day/Year)								X	belov			below)		
C/O NEOSTEM, INC.						07/03/2013									Chief Medical Officer						
420 LEXINGTON AVENUE, SUITE 350																					
420 LEATINGTON AVENUE, SUITE 330					1 11	A If A considerant Data of Original Filed (Manth/D 1977)															
(Ctt)					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)	ODIZ NI	V 7	10170												X	Form	n filed by One	e Reporting F	erson		
NEW YO	ORK N	Y														Form filed by More than One Reporting					
					1										Person						
(City)	(S	tate) (Zip)																		
		Tabl	e I - Nor	n-Deriv	ative	Se	curitie	s Acc	uired,	Dis	posed o	f, o	r Ben	eficia	ally C)wne	ed				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						Execu Day/Year) if any		. Deemed ecution Date, any onth/Day/Year)		Transaction Disposed Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3,			4 and Sec Ber Ow		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership		
										v	Amount		(A) or (D)	Price	. 1	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common Stock, \$0.001 par value ⁽¹⁾ 07/03/						3/2013					4,150)	A	\$0.	56	56 2,149,700		D			
		Та	ıble II - D												y Ow	ned					
			. (e.g., pu	its, c	ans	, warr	ants,	option	s, co	onvertib	ne s	securi	iles)							
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)	Date,	4. Transaction Code (Instr. 8)		ı of		6. Date E Expiratio (Month/D	n Date	е	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3		ivative urity	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)		Date Exercisal		Expiration Date	Title	or Nur of	ount nber							

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.,

Attorney-in-Fact

** Signature of Reporting Person Date

07/03/2013

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.