UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): February 11, 2013

NEOSTEM, INC.
(Exact Name of Registrant as Specified in Charter)

Delaware	001-33650	22-2343568
(State or Other Jurisdiction of Incorporation)	(Commission File Number)	(IRS Employer Identification No.)

420 Lexington Avenue, Suite 350, New York, New York 10170
(Address of Principal Executive Offices)(Zip Code)

(212) 584-4180
Registrant's Telephone Number

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instruction A.2. below):

- o Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
- o Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
- o Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
- o Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Item 5.02. Departure of Directors or Certain Officers; Election of Directors; Appointment of Certain Officers; Compensatory Arrangements of Certain Officers.

(d) Appointment of Director.

Effective as of February 11, 2013, NeoStem, Inc. (the “NeoStem” or the “Company”) appointed Stephen W. Potter, age 56, to serve as an independent member of the Company's Board of Directors and he is expected to be appointed to the Nominating and Governance Committee of the Board of Directors. During 2011 and 2012, Mr. Potter served as Senior Vice President of Operations and Corporate Development for Osiris Therapeutics, Inc. During his tenure at Osiris, he worked as a member of the senior leadership that achieved approval of the first-ever stem cell drug therapy, Prochymal®. He was also responsible for the launch and overall management of the Bio-Surgery business unit as well as operational oversight for multiple functional areas including manufacturing, human resources, IT, legal, and business development. Prior to his tenure at Osiris, from 2006 through 2010, Mr. Potter served as Senior Vice President of Corporate and Business Development at Genzyme Corporation and as Vice President of Corporate and Business Development from 2000 through 2006. Over his ten years at Genzyme, he was the senior leader for its global corporate and business development team that provided strategic and transaction support, including support for many of Genyzme's cell therapy opportunities. Mr. Potter has also held positions at DuPont Pharmaceuticals, E.I. Dupont de Nemours and Company, Inc., and Booz Allen & Hamilton.

Mr. Potter earned a B.S. from University of Massachusetts and an MBA from Harvard Business School.

Item 7.01 Regulation FD Disclosure.

NeoStem, Inc. intends, from time to time, to present and/or distribute to the investment community and utilize at various industry and other conferences a slide presentation. The slide presentation is accessible on NeoStem’s website at www.neostem.com and is attached hereto as Exhibit 99.1. NeoStem undertakes no obligation to update, supplement or amend the materials attached hereto as Exhibit 99.1.

On February 11, 2013, NeoStem issued a press release announcing Mr. Potter's appointment. A copy of the press release is attached hereto as Exhibit 99.2 and is incorporated herein by reference.

In accordance with General Instruction B.2 of Form 8-K, the information in this Item 7.01 of this Current Report on Form 8-K, including Exhibit 99.1, and 99.2, shall not be deemed “filed” for the purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the “Exchange Act”), or otherwise subject to the liabilities of that section, nor shall it be deemed incorporated by reference in any filing under the Exchange Act or the Securities Act of 1933, as amended, except as shall be expressly set forth by reference in such a filing.

Forward Looking Statements

This Current Report on Form 8-K, including Exhibit 99.1 hereto, contains “forward-looking” statements within the meaning of the Private Securities Litigation Reform Act of 1995. Forward-looking statements are typically preceded by words such as “believes,” “expects,” “anticipates,” “intends,” “will,” “may,” “should,” or similar expressions, although some forward-looking statements are expressed differently. Forward-looking statements represent the Company's management's judgment regarding future events. Although the Company believes that the expectations reflected in such forward-looking statements are reasonable, the Company can give no assurance that such expectations will prove to be correct. All statement other than statements of historical fact included in the Current Report on Form 8-K are forward-looking statements. The Company cannot guarantee the accuracy of the forward-looking statements, and you should be aware that the Company's actual results could differ materially from those contained in the forward-looking statements due to a number of factors, including the statements under "Risk Factors" contained in the Company's reports filed with the Securities and Exchange Commission.

Item 9.01. Financial Statements and Exhibits.

(d) Exhibits

Exhibit No.	Description
99.1	Slide presentation of NeoStem, Inc. dated February 2013*
99.2	Press Release dated February 11, 2013*

* Exhibit 99.1 and 99.2 are furnished with this Current Report on Form 8-K.

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

NEOSTEM, INC.

By: /s/ Catherine M. Vaczy
Name: Catherine M. Vaczy, Esq.
Title: Vice President and General Counsel

Dated: February 11, 2013

NeoStem®

Investor Presentation
NYSE MKT: NBS

February 2013

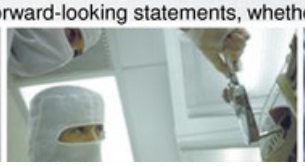
PCT℠
CELL THERAPY SERVICES

AMORCYTE
A NeoStem Company

Forward-Looking Statements

This presentation includes "forward-looking" statements within the meaning of the Private Securities Litigation Reform Act of 1995, as well as historical information. Such forward-looking statements involve known and unknown risks, uncertainties and other factors which may cause our actual results, performance or achievements, or industry results, to be materially different from anticipated results, performance or achievements expressed or implied by such forward-looking statements. When used in this Quarterly Report on Form 10-Q, statements that are not statements of current or historical fact may be deemed to be forward-looking statements. Without limiting the foregoing, the words "plan," "intend," "may," "will," "expect," "believe," "could," "anticipate," "estimate," or "continue" or similar expressions or other variations or comparable terminology are intended to identify such forward-looking statements, although some forward-looking statements are expressed differently. Additionally, statements regarding our ability to successfully develop, integrate and grow the business, including with regard to our research and development efforts in respect of AMR-001 and other cell therapeutics, our adult stem cell collection, processing and storage business, contract manufacturing and process development of cellular based medicines, the future of regenerative medicine and the role of stem cells in that future, the future use of stem cells as a treatment option and the role of VSEL ™ Technology in that future and the potential revenue growth of such businesses, are forward-looking statements. Our future operating results are dependent upon many factors and our further development is highly dependent on future medical and research developments and market acceptance, which is outside our control. Forward-looking statements, including with respect to the successful execution of the Company's strategy, may not be realized due to a variety of factors and we cannot guarantee their accuracy or that our expectations about future events will prove to be correct. Such factors include, without limitation, (i) our ability to manage the business despite operating losses and cash outflows; (ii) our ability to obtain sufficient capital or strategic business arrangements to fund our operations and expansion plans, including meeting our financial obligations under various licensing and other strategic arrangements, the funding of our clinical trials for AMR-001, and the commercialization of the relevant technology; (iii) our ability to build the management and human resources and infrastructure necessary to support the growth of the business; (iv) our ability to integrate our acquired businesses successfully and grow such acquired businesses as anticipated, including expanding our PCT business into Europe; (v) whether a large global market is established for our cellular-based products and services and our ability to capture a share of this market; (vi) competitive factors and developments beyond our control; (vii) scientific and medical developments beyond our control; (viii) our ability to obtain appropriate governmental licenses, accreditations or certifications or comply with healthcare laws and regulations or any other adverse effect or limitations caused by government regulation of the business; (ix) whether any of our current or future patent applications result in issued patents, the scope of those patents and our ability to obtain and maintain other rights to technology required or desirable for the conduct of our business; (x) whether any potential strategic benefits of various licensing transactions will be realized and whether any potential benefits from the acquisition of these licensed technologies will be realized; (xi) the results of our development activities, including our current Phase 2 clinical trial of AMR-001; (xii) our ability to complete our Phase 2 clinical trial of AMR-001(or initiate future trials) in accordance with our estimated timeline due to delays associated with enrolling patients due to the novelty of the treatment, the size of the patient population and the need of patients to meet the inclusion criteria of the trial or otherwise; and (xiii) the other risk factors discussed in the Company' s Annual Report on Form 10-K filed with the Securities and Exchange Commission on March 20, 2012 and in the Company's other periodic filings with the Securities and Exchange Commission (the SEC") which are available for review at *www.sec.gov* under "Search for Company Filings."

All forward-looking statements attributable to us are expressly qualified in their entirety by these and other factors. Readers are cautioned not to place undue reliance on these forward-looking statements, which speak only as of the date hereof. Except as required by law, the Company undertakes no obligation to update any forward-looking statements, whether as a result of new information, future events or otherwise.

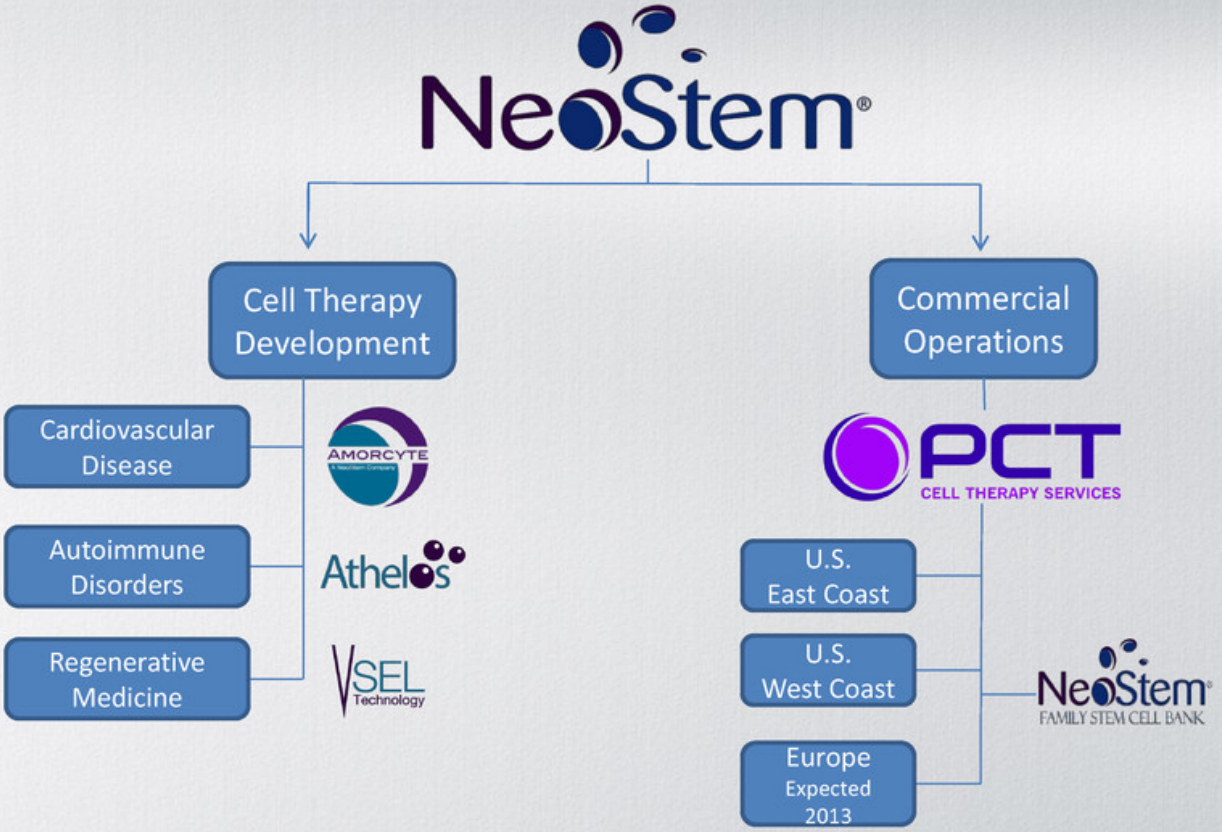


Regenerative Medicine Market Estimated to Grow to $88 Billion by 2014*

Regenerative medicine is the process of creating living, functional tissues to repair or replace tissue or organ function lost due to age, disease, damage, or congenital defects.

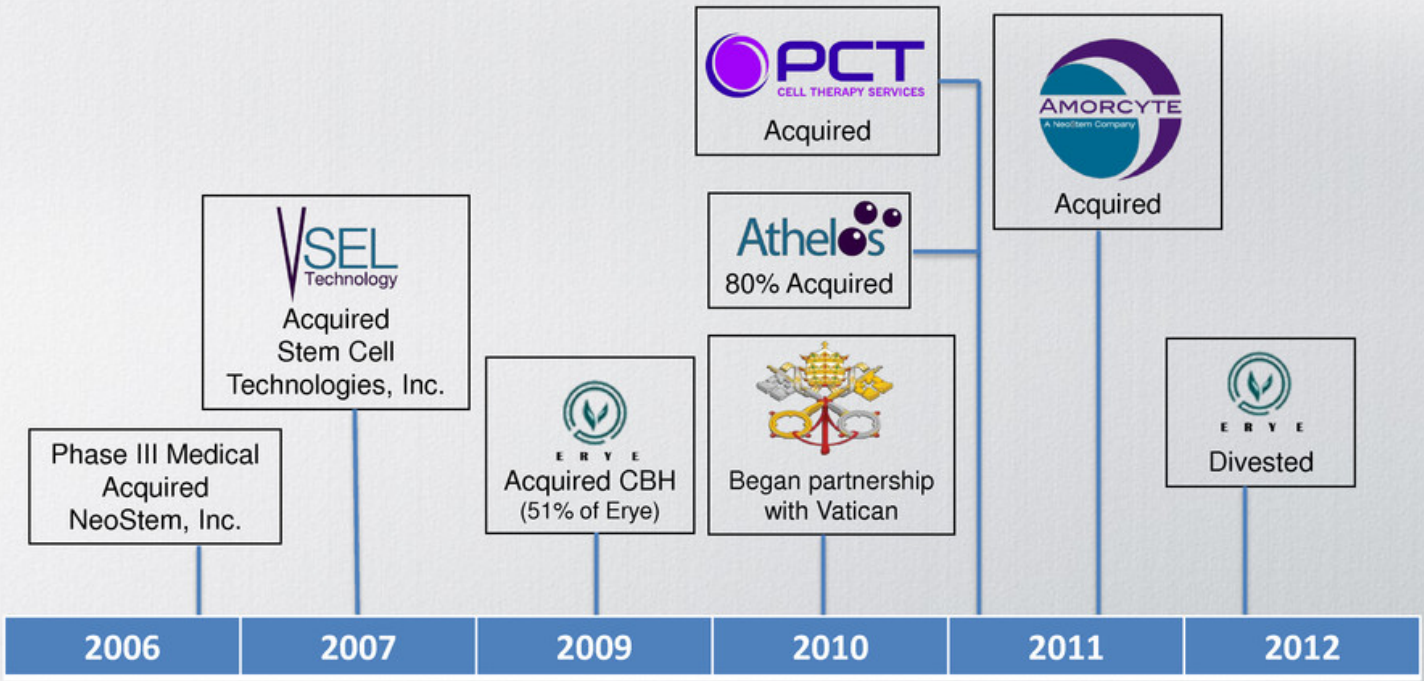
NeoStem

* The Regenerative Medicine Report, MDB Capital Group, January 2011



NeoStem develops therapies for chronic unmet medical needs around a significant IP portfolio and also operates a revenue generating service division with expertise in contract manufacturing and cell banking

Transaction Timeline: Through 2012 Accessed $120 Million



NeoStem Ranked

#1 Fastest Growing Company in the New York Tri-State Region
Deloitte's 2012 Technology Fast 500™ - #7 Nationwide

1. Tesla Motors
2. Palo Alto Networks
3. Sagent Pharmaceuticals, Inc.
4. FireEye, Inc.
5. Aerohive Networks, Inc.
6. Avail-TVN
7. **NeoStem**

Technology Fast 500™, conducted by Deloitte & Touche LLP, award winners are selected based on percentage fiscal year revenue growth from 2007 to 2011. Note: Revenues included those from former China operations.

Built for Success

- Dynamic, experienced and nimble management team
- Access to capital - $120M total to date
- Advancing clinical and preclinical pipeline of cell therapies
  - Cardiovascular disease
  - Autoimmune disorders
  - Regenerative medicine
- Expanding IP portfolio
- Recognized, state-of-the art contract development and manufacturing organization (East and West coast operations)

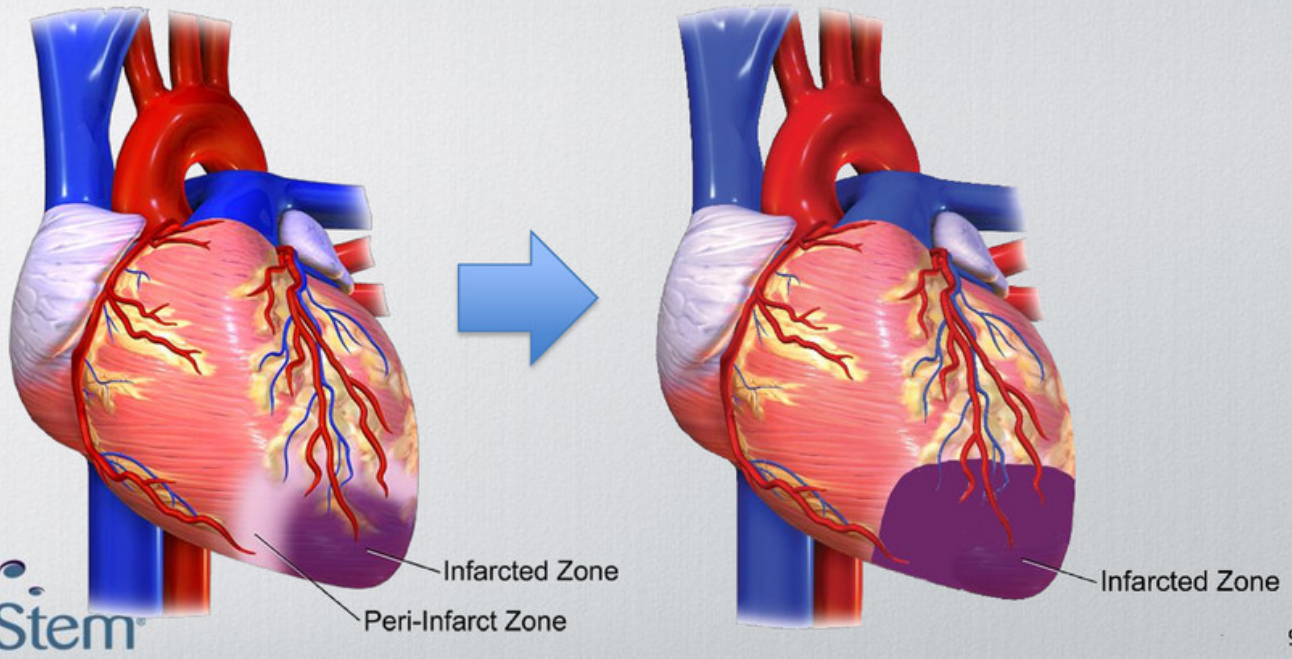
Clear Unmet Medical Need for AMI Patients

- More than 10 million AMI patients worldwide
- 20% are STEMI putting patients at risk of a progressive deterioration in heart muscle function that leads to:
  - Arrhythmias
  - Recurrent myocardial infarction
  - Congestive heart failure
  - Premature death
- According to AHA, the prognosis for STEMI patients is unchanged over recent decades

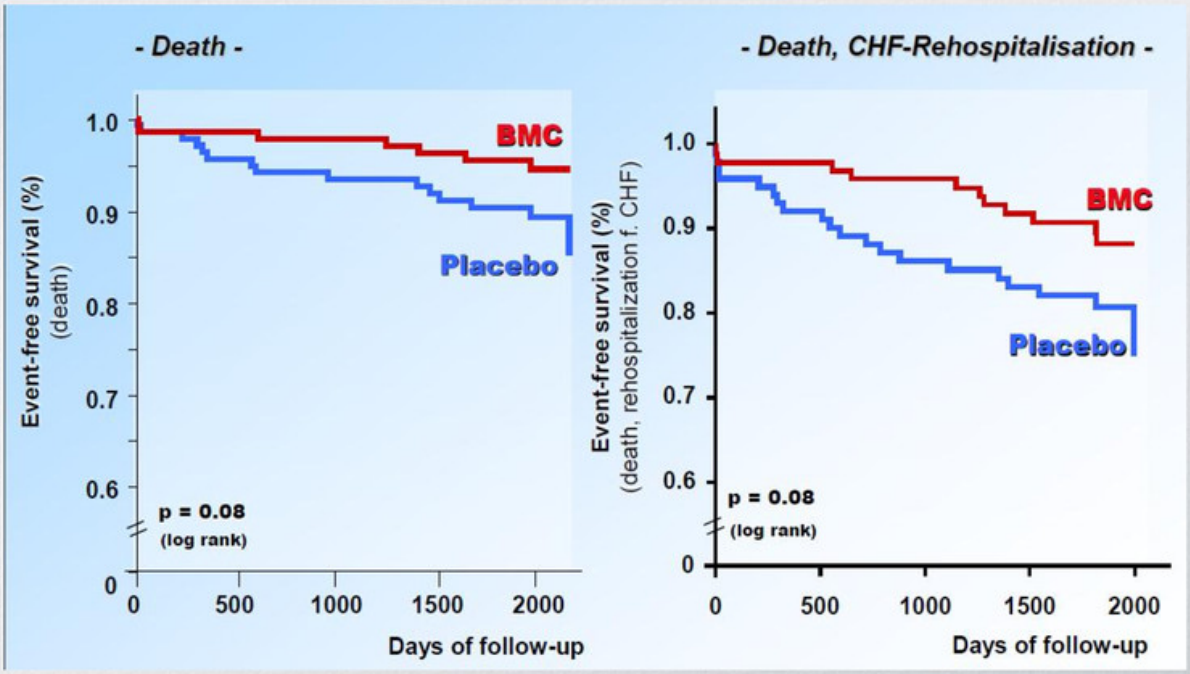
AHA 2013 Statistical Update, Circulation 2013

The Peri-Infarct Zone Becomes the Infarct

A consequence of inadequate perfusion (microvascular insufficiency) is apoptosis and progressive cardiomyocyte loss in the peri-infarct zone, leading to infarct expansion.



REPAIR-AMI: Effect on Clinical Risk Post-MI of Bone Marrow Derived Cells



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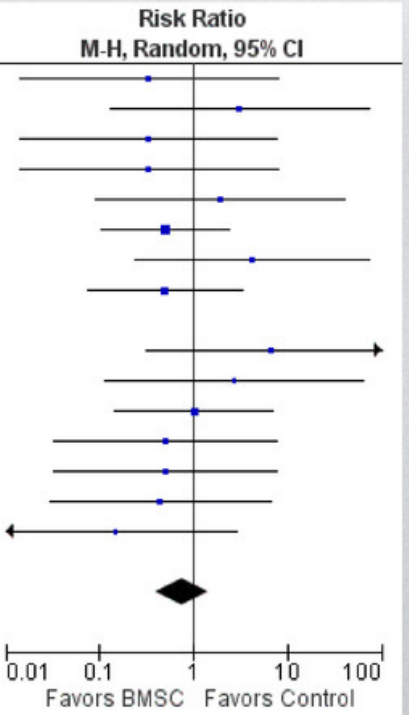
Leistner et al, AHA 2011

Cochrane Collaboration Review: Bone Marrow Derived Cells Likely Safe (And Also Likely to Reduce Reinfarction and Hospitalization)

Study or Subgroup	BMSC Events	BMSC Total	Control Events	Control Total	Weight	Risk Ratio M-H, Random, 95% CI
Huikuri 2008	0	40	1	40	4.3%	0.33 [0.01, 7.95]
Janssens 2006	1	33	0	34	4.3%	3.09 [0.13, 73.20]
Kang 2006	0	25	1	25	4.4%	0.33 [0.01, 7.81]
Meyer 2006	0	30	1	30	4.3%	0.33 [0.01, 7.87]
Nogueira 2009	1	10	0	6	4.7%	1.91 [0.09, 40.60]
Peipoli 2010	2	19	4	19	17.6%	0.50 [0.10, 2.41]
Penicka 2007	3	17	0	10	5.3%	4.28 [0.24, 75.20]
Plewka 2009	2	40	2	20	12.2%	0.50 [0.08, 3.29]
Quyyumi all 2011	1	16	0	15	0.0%	2.82 [0.12, 64.39]
Quyyumi HD 2011	1	6	0	15	4.6%	6.86 [0.32, 148.44]
Roncalli 2010	1	48	0	44	4.3%	2.76 [0.12, 65.92]
Schachinger 2006	2	101	2	103	11.5%	1.02 [0.15, 7.10]
Tendera S 2009	1	80	1	40	5.8%	0.50 [0.03, 7.79]
Tendera U 2009	1	80	1	40	5.8%	0.50 [0.03, 7.79]
Wohrle 2010	1	29	1	13	6.0%	0.45 [0.03, 6.63]
Zhukova 2009	0	8	1	3	4.9%	0.15 [0.01, 2.91]
Total (95% CI)		**566**		**442**	**100.0%**	**0.75 [0.39, 1.46]**
Total events	16		15			

Heterogeneity: Tau² = 0.00; Chi² = 7.98, df = 14 (P = 0.89); I² = 0%
Test for overall effect: Z = 0.84 (P = 0.40)



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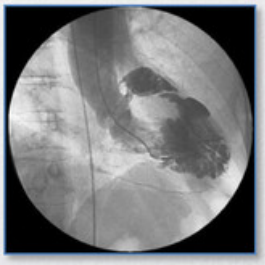
Clifford et al, Cochrane Library 2012

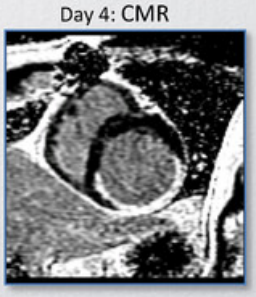
Phase 1 Trial Design for AMR-001

Indication	Post-AMI with LVEF ≤50% and wall motion abnormality in the myocardium of the IRA
Primary Endpoint	Safety in post-AMI patients
Other Endpoints	RTSS* (Perfusion); LVEF; ESV; SDF mobility
Key Inclusion Criteria	Confirmation of ST Elevation MI; Ejection fraction ≤ 50% 96 hours post stenting
Dosing Frequency	Single dose
Groups and Randomization	3 dose cohorts (5, 10, 15 million cells, randomized 1:1)
Number of Subjects	N=31
Number of Sites	4
Geography	United States
Trial Duration	6 months

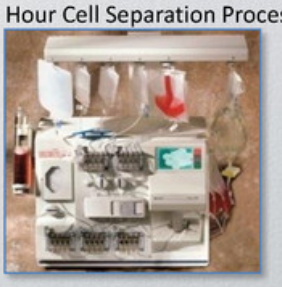
Day 1: Ventriculography



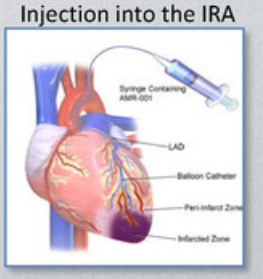
Day 4: CMR



Day 5-8:
6-8 Hour Cell Separation Process

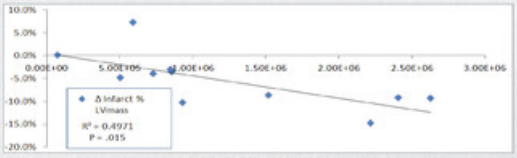


Day 6-10:
Injection into the IRA



Phase 1 Trial Results Summary

Dose Response Correlated with Mobile CD34+ Cells



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Y = Δ Infarct % LV Mass, X = Dose of SDF1 mobile CD34 cells

Increasing doses of CD34+/ SDF-1 mobile cells reduced RTSS indicating improved perfusion

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RTSS (Hypoperfusion)

Cohort	Base Line	6 months	Delta	% Change
Control	259.0	273.5	+14.5	**+5.6**
5M Cells	714.2	722.0	+7.8	**+1.1**
10M Cells	998.6	635.8	-362.8	**-36.4**
15M Cells	584.0	462.0	-122.0	**-20.9**

DSMB determined that no adverse events were related to therapy

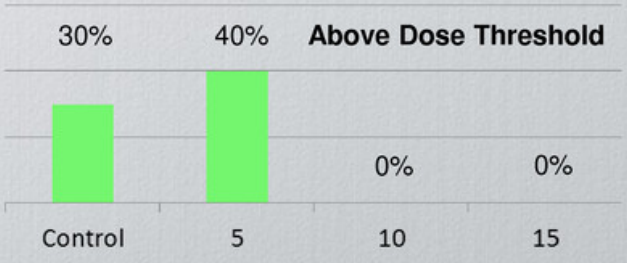
Patients dosed ≥ the threshold dose of 10 million cells showed significant improvement in perfusion

Ejection Fraction Improvement

Ejection Fraction

	6 month			
	BL	6 Mo.	Δ%	% Δ
Below Threshold	51.0	51.8	0.7	**+1.3**
Above Threshold	48.2	52.7	+4.5	**+9.4**

Drop in Ejection Fraction



NeoStem

The overall composite data and individual scores (EF and ESV) support potential best in class

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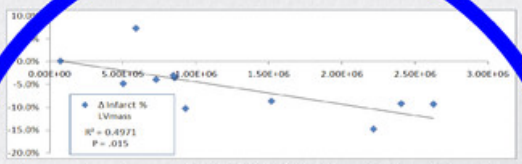

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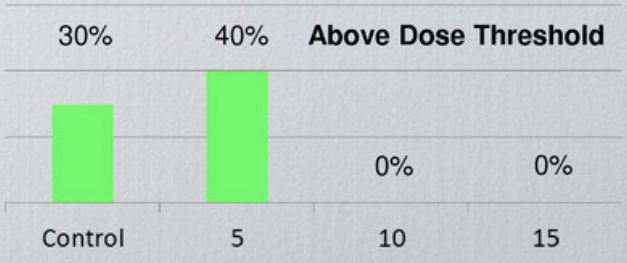

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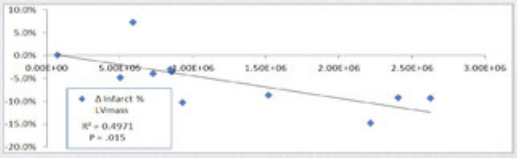

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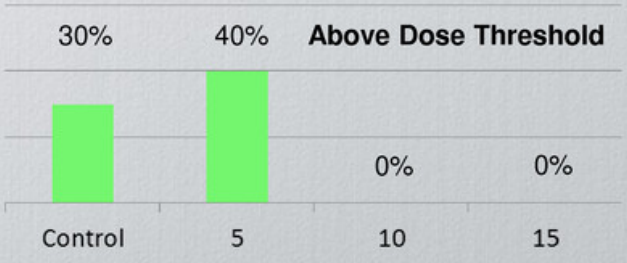

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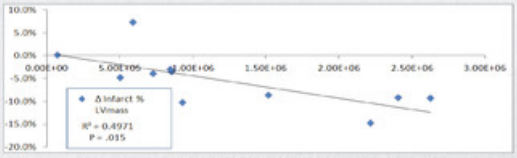

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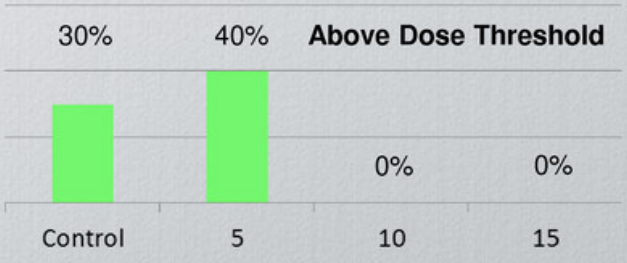

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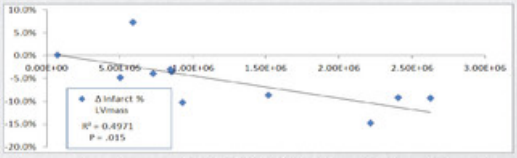

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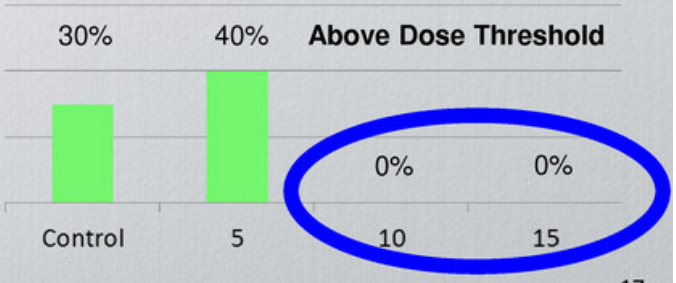
	BL	6 Mo.	Δ%	% Δ
Below Threshold	51.0	51.8	0.7	**+1.3**
Above Threshold	48.2	52.7	+4.5	**+9.4**

Drop in Ejection Fraction



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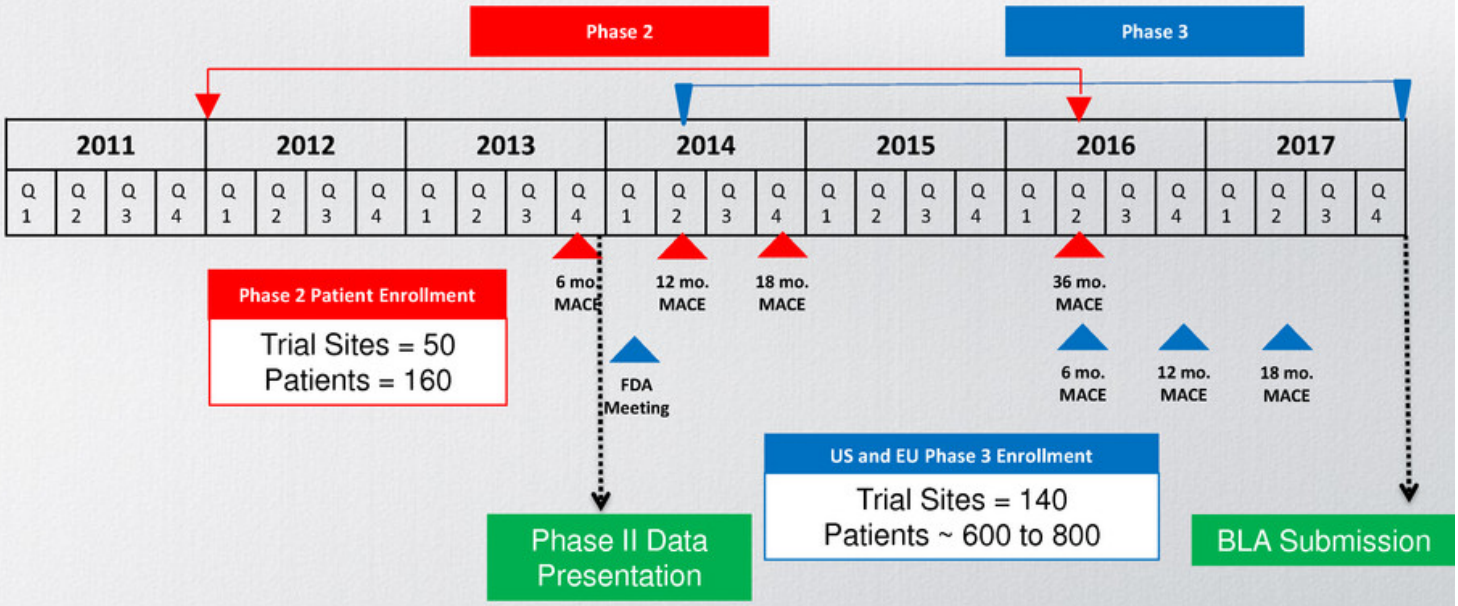
The overall composite data and individual scores (EF and ESV) support potential best in class

PreSERVE-AMI Phase 2 Study

Indication	Post-AMI preservation of cardiac function
Design	Randomized (1:1)
Primary Endpoint	Change in cardiac perfusion (RTSS by SPECT) from baseline to 6 months
Other Endpoints	Secondary endpoints to determine preservation of cardiac function and clinical events: CMR to measure LVEF, LVESV, LVEDV, regional myocardial strain, infarct/peri-infarct regional wall motion abnormalities, and infarct size (baseline and 6 months) Quality of Life measures: (KCCQ & SAQ) Reduction in cumulative MACE and other adverse clinical cardiac events at 6, 12, 18, 24, and 36 months
Treatment	Single dose. Minimum dose for release $\geq$10MM cells
Number of Subjects	160 patients

Anticipated Time Line to Commercialization



- *Early pharmacoeconomic studies show estimated reimbursement range of $25-36,000 for a single dose, autologous therapy with no cell expansion*

Additional Potential Indications for AMR-001

- Broad and growing patent portfolio supports cardiac and other ischemic conditions
- 3 issued US composition of matter and methods patents:
  - U.S. 7,794,705: Issued 9/14/2010. Indication: Cardiac: Post AMI early and late
  - U.S. 8,088,370: Issued 1/3/2012. Indication: Any vascular injury: Post vascular insufficiency
  - U.S. 8,343,485: Issued 1/1/2013. Indication: Any vascular injury: Post vascular insufficiency
- 2 issued OUS composition of matter and method patents:
  - Japan and South Africa
- Patent Portfolio: 31 active US and OUS patents or patent applications
- Issued and pending claims can be applied to other conditions caused by underlying ischemia, including: chronic myocardial ischemia post-AMI, congestive heart failure, critical limb ischemia and ischemic brain injury.

Scientific Advisory Board

Andrew L. Pecora, MD, FACP, CPE SAB Chairman, Chief Medical Officer, NeoStem	Hackensack University Medical Center
Eugene Braunwald, MD, FRCP	Brigham & Women's Hospital
Bernard J. Gersh, MD, ChB, DPhil, FRCP	The Mayo Clinic
Dean J. Kereiakes, MD, FACC	The Christ Hospital Heart of Greater Cincinnati
Douglas L. Mann, MD, FACC	Washington University School of Medicine
Emerson C. Perin, MD, PhD, FACC	Texas Heart Institute
Bertram Pitt, MD	University of Michigan School of Medicine
Arshed Quyyumi, MD, FRCP, FACC, Principal Investigator, PreSERVE Trial	Emory University School of Medicine
Edmund K. Waller, MD, PhD, FACP	Emory University School of Medicine
James T. Willerson, MD	University Texas Health Science Center
Joseph Wu, MD, PhD	Stanford University School of Medicine

Athelos T-reg Cells to Restore Immune Balance

- Partnership with Becton Dickinson, which owns 20% of Athelos BD
- Immune-mediated diseases, such as GVHD, autoimmune disorders and allergic conditions, are a result of an imbalance between T-effector cells and T-regulatory cells (T-reg)
- T-reg therapy represents a novel approach for restoring immune balance by enhancing T-regulatory cell number and function
- Phase 1 work is ongoing globally under several independent physician INDs, including Dr. P. Trzonkowski, Dr. Jeffrey Bluestone and Dr. Rob Negrin, results of which will inform NeoStem's future clinical direction

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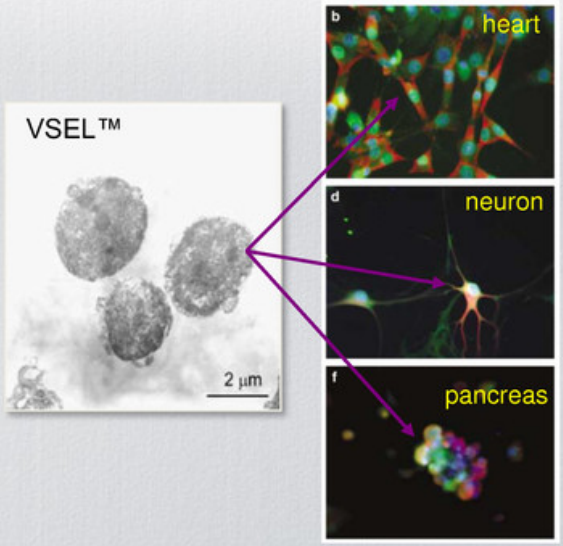
1) Chai, Jian-Guo et al, Journal of Immunology 2008; 180;858-869

Scientific Advisory Board

Robert A. Preti, PhD, Chairman	Progenitor Cell Therapy
Jeffrey Bluestone, PhD	University of California, San Francisco, Diabetes Center
David A. Horwitz, MD	University of Southern California
Robert Korngold, PhD	Hackensack University Medical Center
Robert S. Negrin, MD	Stanford University
David Peritt, PhD	Hospira
Noel L. Warner, PhD	BD Biosciences

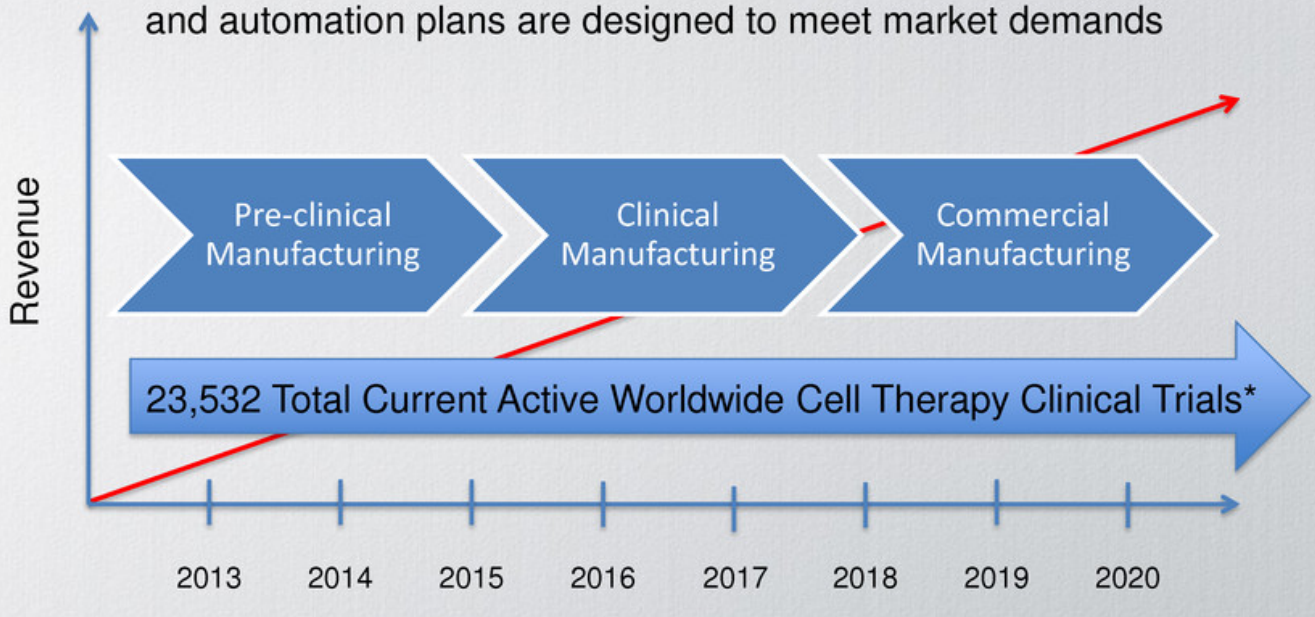
VSELs – Adult Stem Cells

- Very small embryonic-like (VSELs™) stem cells are believed to be naturally pluripotent
- Animal models have demonstrated that highly enriched human VSELs are able to integrate, differentiate and potentially regenerate
- Indications being explored include macular degeneration, osteoporosis, cardiac, acute radiation syndrome, and wounds
- Pre-clinical work financed largely by grants and DOD funding
  - **Total Active Grants Awarded:** $4,596,676
  - **Total Grants Pending:** $150,000
  - **Total Grants Planned for Submission:** $6,150,000 (Spring 2013) - with institutions we have previously established a relationship



Market Opportunity

- As the cell therapy market matures, contract service opportunities will grow worldwide
- PCT's planned European and commercial manufacturing capabilities and automation plans are designed to meet market demands



* According to ClinicalTrials.gov

Track Record of Success

- 14 Year Proven Track Record including:
  - Over 100 Clients Served and Growing
  - 30,000 Products Manufactured
  - 18,000 Products Stored
  - 14,000 Products Shipped for Clinical Use
  - 50+ US and EU Regulatory Filings Successfully Completed

Dendreon
Targeting Cancer, Transforming Lives®

PCT Manufactured for Phase 1, 2 and 3 for Dendreon's FDA Approved Provenge® Product

- cGMP/GLP Accredited and Certified Facilities

Allendale, New Jersey (30,000 ft²)
ISO Class 7 / Class 10,000 suites
ISO Class 6 / Class 1,000 suite

Mountain View, California (25,000 ft²)
ISO Class 7 / Class 10,000 suites

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Business Model & Capabilities

- Large and small companies in the cell therapy space outsource services for all or part of their manufacturing needs to improve efficiencies and profitability and to reduce capital investment:

- PCT supports NeoStem's cell therapy development programs with
  - Lower costs for internal cell therapy development
  - Cash flow that can be reinvested toward growth and internal development activities

- Establish early partnering relationships with goals of commercial manufacturing, equity participation and back-end royalties

- Expansion plans underway for commercial manufacturing in the US and growth into Europe

Key Financial Metrics

(as of November 13, 2012)

Revenue[1]	$11.6m (nine months ended September 30, 2012)
Cash Position[2]	$7.9m (as of September 30, 2012)
Additional Cash[3]	$12.0m
Total Stock and Equivalent Shares	
Common Shares	159.4m
Options	21.7m (avg. option exercise price of $1.29)
Warrants	55.3m (avg. warrant exercise price of $1.59)

[1] Revenues from continuing operations

[2] Includes $5.4m cash and cash equivalents and $2.5m cash held in escrow as security for Preferred Series E Obligations (cash held in escrow subsequently used in the redemption of the Preferred Series E obligation in October 2012)

[3] Cash proceeds received in the fourth quarter from Erye sale, equity sales, and warrant exercises

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Short Term Milestones and 2013 Goals

- Half way point of the Phase 2 STEMI trial enrollment
- Growth in the PCT business
  - New clients
  - Renewal and/or expansion of services with current clients
  - Expansion into Europe
- Progress in VSEL™ technology
  - Publications
  - Grants
- Strategic acquisitions
- Business development transactions

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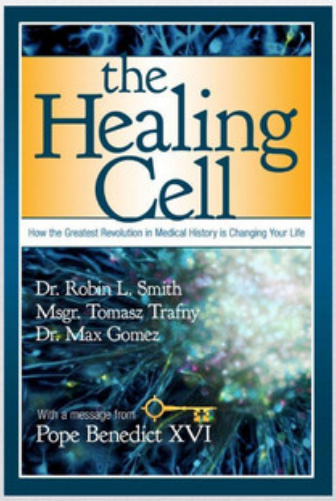
Vatican Partnership: Global Exposure

The authors of *The Healing Cell: How the Greatest Revolution in Medical History Is Changing Your Life* present the first copy of the book to Pope Benedict XVI.



Co-authors: Dr. Robin Smith, Monsignor Tomasz Trafny (Head of Science and Faith Dept., Pontifical Council for Culture), and Dr. Max Gomez.
Release date April 2, 2013

Why Invest Now?

Exciting Proprietary Cell Therapy Pipeline

- Phase 2 AMR-001 PreSERVE trial enrollment expected to be completed in 2013 with data read out six to eight months thereafter
- Strong IP portfolio in a rapidly growing industry
  - $50 billion is spent annually on regenerative medicine
  - Industry projected to increase 15% annually (compounded)

Revenue Generating Contract Development and Manufacturing Business

- Revenue side of the business averaging >$10 million annually
- Validation of approach through agreements with "Who's Who" of cell therapy companies
  - Clients: Baxter, Sotio, Coronado, PrimaBio, ImmunoCellular, etc.

Leadership That Can Execute

- Strong management team with decades of regulatory experience
- Successfully completed five M&A transactions
- Obtained DOD and NIH funding to advance cell therapy products

Known Presence and Strong Performance on the Street

- Consistent liquidity and strong technical indicators
- Respected analyst coverage: Cowen, JMP, WBB, Chardan, Red Chip

Contact Information

NeoStem, Inc.
NYSE MKT: NBS
www.neostem.com

Robin Smith, MD, MBA
Chairman & CEO
Phone: (212) 584-4174
Email: rsmith@neostem.com

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Appendix

Key Executives

Robin Smith, MD, MBA CEO & Chairman of the Board	• MD – Yale; MBA – Wharton • Formerly President & CEO IP2M (HC multimedia), EVP & CMO HealthHelp (radiology management) • Trustee of NYU Medical Center; Chairman of the Board of NYU Hospital for Joint Diseases (through November 2009) and Stem for Life Foundation
Larry May Chief Financial Officer	• BS Business Administration – University of Missouri • Formerly Treasurer & Controller at Amgen; SVP Finance & CFO at BioSource Intl • Extensive experience building accounting, finance and IT operations
Andrew Pecora, MD, FACP Chief Medical Officer	• MD – University of Medicine and Dentistry of New Jersey • Chief Innovations Officer, Professor and Vice President of Cancer Services at John Theurer Cancer Center at Hackensack University Medical Center
Robert Preti, PhD President and Chief Scientific Officer of PCT	• PhD and MS in Cellular Biology / Hematology - New York University • One of the country's leading authorities on cell engineering and the principal investigator for a number of clinical trials relating to stem cell transplantation • 10 years experience as Director of Hematopoietic Stem Cell Processing & Research Laboratory
Jonathan Sackner-Bernstein, MD, FACC VP of Clinical Development and Regulatory Affairs	• MD – Jefferson Medical College • Internationally recognized clinical researcher in cardiology • 20 years experience in clinical practice, medical research and healthcare management • FDA background as past Associate Director for Technology and Innovation; Former CMO at Clinilabs, a clinical research organization
Martin E. Schmieg VP, Corporate Development	• BA – LaSalle University • Expertise in bus dev for health care product and med tech companies • Formerly President of Nuvilex, Inc., President and CEO of Freedom2, Inc. • Selected transactions include multi-billion dollar sale of Advanced Bionics Corp. to Boston Scientific & development and market launch of the Cytoscan instrument

NeoStem®

Board of Directors

NeoStem Board Members	
Robin Smith, MD, MBA CEO & Chairman of the Board	• MD – Yale; MBA – Wharton • Formerly President & CEO IP2M, EVP & CMO HealthHelp • Experience - Trustee of NYU Medical Center; Chairman of the Board of NYU Hospital for Joint Diseases (through November 2009) and Stem for Life Foundation
Richard Berman (Independent)	• Over 35 years of venture capital, management, M&A experience • Experience – Current Board of Directors of Apricus Biosciences, Easylink Services International, Inc., Advaxis, Inc., Broadcaster, Inc., National Investment Managers
Drew Bernstein, CPA (Independent)	• BS – University of Maryland Business School • Licensed in State of New York; member AICPA, NYSSCPA and NSA • Experience – Bernstein & Pinchuk LLP (member of BDO Seidman Alliance); PRC auditing; 200+ real estate transactions with $3B+ aggregate value; accountant and business advisor
Martyn Greenacre, MBA (Independent)	• BA – Harvard College; MBA – Harvard Business School • Experience – Board and executive positions for multiple biopharmaceutical companies; Former CEO of Delsys Pharmaceutical Corporation and Zynaxis Inc; Chairman of the Board of BMP Sunstone Corporation
Steven Myers (Independent)	• BS Mathematics – Stanford University • Experience – Founder/Chairman/CEO SM&A (competition management services); career in aerospace and defense sectors supporting DoD & NASA programs
Andrew Pecora, MD, FACP	• MD — University of Medicine and Dentistry of New Jersey • Experience – Chief Innovations Officer, Professor and Vice President of Cancer Services at John Theurer Cancer Center at Hackensack University Medical Center, and Managing Partner of the Northern New Jersey Cancer Center
Stephen W. Potter, MBA (Independent)	• BS – University of Massachusetts; MBA - Harvard Business School • Experience – Biotech and pharma experience including Osiris Therapeutics (approval of Prochymal®, first-ever stem cell drug therapy), Genzyme, DuPont Pharmaceuticals, Booz Allen & Hamilton
Eric Wei Managing Partner, RimAsia Capital Partners	• BS Mathematics & Economics – Amherst College; MBA – Wharton • Experience – Founder/Managing Partner of RimAsia Capital Partners (private equity); Peregrine Capital, Prudential Securities, Lazard Freres, Citibank; Gilbert Global Equity Partners Crimson Asia Capital Partners

Exhibit 99.2

NeoStem Appoints Stephen W. Potter to Board of Directors

NEW YORK, February 11, 2013 (GLOBE NEWSWIRE) – NeoStem, Inc. (NYSE MKT:NBS) ("NeoStem" or the "Company"), an emerging leader in the fast growing cell therapy market, today announced that the appointment of Stephen W. Potter to its Board of Directors.

Mr. Potter is a seasoned senior executive with extensive management experience at biotechnology and pharmaceutical companies. Most recently, Mr. Potter served as Senior Vice President of Operations and Corporate Development for Osiris Therapeutics, Inc. During his tenure at Osiris, he worked as a member of the senior leadership that achieved approval of the first-ever stem cell drug therapy, Prochymal®. He was also responsible for the launch and overall management of the Bio-Surgery business unit and had operational oversight for multiple functional areas including manufacturing, human resources, IT, legal, and business development.

Prior to his tenure at Osiris, Mr. Potter served as Senior Vice President of Corporate and Business Development at Genzyme Corporation. Over his ten years at Genzyme, he was the senior leader for its global corporate and business development team that provided strategic and transaction support, including support for many of Genyzme's cell therapy opportunities. Mr. Potter has also held positions at DuPont Pharmaceuticals, E.I. Dupont de Nemours and Company, Inc., and Booz Allen & Hamilton. Mr. Potter earned a B.S. from University of Massachusetts and an MBA from Harvard Business School.

"For such an industry expert to select NeoStem is another validation of the company's multi-faceted business strategy that combines a state-of-the-art contract development and manufacturing subsidiary with a medically important and advancing pipeline of cell therapy products, positioning the Company to benefit from the rapidly emerging cell therapy industry," said Dr. Robin L. Smith, Chairman and CEO of NeoStem. "As the field of cell therapy continues to emerge, with NeoStem as a recognized leader, Stephen Potter's successful track record of launching products, formulating and implementing business strategies and executing high profile and high value transactions will provide key insights and meaningful guidance as our portfolio advances into and through the clinic."

Mr. Stephen W. Potter stated, "I look forward to sharing my experience in corporate and business development at companies like Osiris, Genzyme, and DuPont to help NeoStem execute its strategy, identify and evaluate new opportunities, and move its product candidates forward."

About NeoStem, Inc.

NeoStem, Inc. continues to develop and build on its core capabilities in cell therapy, capitalizing on the paradigm shift that we see occurring in medicine. In particular, we anticipate that cell therapy will have a significant role in the fight against chronic disease and in lessening the economic burden that these diseases pose to modern society. We are emerging as a technology and market leading company in this fast developing cell therapy market. Our multi-faceted business strategy combines a state-of-the-art contract development and manufacturing subsidiary, Progenitor Cell Therapy, LLC ("PCT"), with a medically important cell therapy product development program, enabling near and long-term revenue growth opportunities. We believe this expertise and existing research capabilities and collaborations will enable us to achieve our mission of becoming a premier cell therapy company.

Our contract development and manufacturing service business supports the development of proprietary cell therapy products. NeoStem's most clinically advanced therapeutic, AMR-001, is being developed at Amorcyte, LLC ("Amorcyte"), which we acquired in October 2011. Amorcyte is developing a cell therapy for the treatment of cardiovascular disease and is enrolling patients in a Phase 2 trial to investigate AMR-001's efficacy in preserving heart function after a heart attack. Athelos Corporation ("Athelos"), which is approximately 80%-owned by our subsidiary, PCT, is collaborating with Becton-Dickinson in the early clinical exploration of a T-cell therapy for autoimmune conditions. In addition, pre-clinical assets include our VSELTM Technology platform as well as our mesenchymal stem cell product candidate for regenerative medicine. Our service business and pipeline of proprietary cell therapy products work in concert, giving us a competitive advantage that we believe is unique to the biotechnology and pharmaceutical industries. Supported by an experienced scientific and business management team and a substantial intellectual property estate, we believe we are well positioned to succeed.

For more information on NeoStem, please visit www.neostem.com.

Forward-Looking Statements for NeoStem, Inc.

This press release contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. Forward-looking statements reflect management's current expectations, as of the date of this press release, and involve certain risks and uncertainties. Forward-looking statements include statements herein with respect to the successful execution of the Company's business strategy, including with respect to the Company's or its partners' successful development of AMR-001 and other cell therapeutics, the size of the market for such products, its competitive position in such markets, the Company's ability to successfully penetrate such markets and the market for its contract development and manufacturing business, and the efficacy of protection from its patent portfolio, as well as the future of the cell therapeutics industry in general, including the rate at which such industry may grow. The Company's actual results could differ materially from those anticipated in these forward- looking statements as a result of various factors, including but not limited to matters described under the "Risk Factors" in the Company's Annual Report on Form 10-K filed with the Securities and Exchange Commission on March 20, 2012 and in the Company's other periodic filings with the Securities and Exchange Commission, all of which are available on its website. The Company does not undertake to update its forward-looking statements. The Company's further development is highly dependent on future medical and research developments and market acceptance, which is outside its control.

CONTACT: Trout Group
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