FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ı	OMB APPROVAL									
	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
	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

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Name and Address of Reporting Person* Dickey Robert IV							2. Issuer Name and Ticker or Trading Symbol NeoStem, Inc. [NBS]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) C/O NEO	ast) (First) (Middle) O NEOSTEM, INC.						3. Date of Earliest Transaction (Month/Day/Year) 08/01/2014								(give title	ncial	Other (s below) Officer	pecify		
420 LEXI	NGTON A	4. If	If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable									
(Street) NEW YORK NY 10170						,								Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip)																				
		Tab	le I - Nor	า-Deriง	/ative	e Se	curities	Acc	quired,	Disp	osed o	f, or Ber	neficiall	y Owned						
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						Execution Date,		Date,	Transaction Dispose Code (Instr. 5)		Disposed	ties Acquired (A) or d Of (D) (Instr. 3, 4 and		5. Amour Securitie Beneficia Owned F Reported	s ally ollowing	Form (D) or	vnership n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)	Price	Transact (Instr. 3 a	ion(s)			(111501.4)		
Common Stock, \$0.001 par value ⁽¹⁾ 08/01							2014		A ⁽¹⁾		6,303	6,303 A		11,	11,582		D			
		7	able II -									or Bene ole secu		Owned						
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,	4. Transactio Code (Inst				6. Date Exercis Expiration Date (Month/Day/Yea		of Secur ar) Underlyi		g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owner Form: Direct or Ind (I) (Ins	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)		Date Exercisal:		Expiration Date	Title	Amount or Number of Shares							
Stock Option (right to purchase) ⁽¹⁾	\$6.21	08/01/2014			A ⁽¹⁾		25,000		08/01/201	14 (07/31/2014	Common Stock, par value \$0.001 per share	25,000	\$0	25,00	0	D			

Explanation of Responses:

1. On August 1, 2014, the Reporting Person was granted an option (the "Option") to purchase 25,000 shares of the Issuer's common stock (the "Option Shares"), \$.001 par value (the "Common Stock"), subject to all terms and conditions of the Issuer's 2009 Amended & Restated Equity Compensation Plan (the "Plan"). Also on August 1, 2014, the Reporting Person was granted an award of 6,303 shares of Common Stock (the "Shares"), subject to all of the terms and conditions of the Plan. The Option and Shares were fully vested upon grant and the withholding taxes associated with the Shares are being paid by the Company. The award was approved by the Compensation Committee as a bonus for the successful completion of the acquisition of California Stem Cell, Inc. ("CSC") by the Issuer.

/s/ Catherine M. Vaczy, Esq., Attorney-in-Fact

08/01/2014

** 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.