FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	OVAL
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Check this box if no longer subject to
Section 16. Form 4 or Form 5
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

					_									_							
1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Pecora Andrew L						NeoStem, Inc. [NBS]								- 1"	X Director			1	10% Owner		
,															0#:-		er (give title			specify	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)									X below) below)						
C/O NEOSTEM, INC.						06/20/2013									Chief Medical Officer						
420 LEXINGTON AVENUE, SUITE 350																					
						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street)					"	4. II Americinent, Date of Original Filed (Month/Ddy/ fedf)									Line)						
NEW YO	ORK N	Y 1	0170													X Form filed by One Reporting Person					
					.											Form filed by More than One Reporting Person					
(City)	(S	tate) (Zip)													Pers	OH				
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		TADI	e i - Noi	1		_				וטוא	posed o										
1. Title of S	Security (Inst	tr. 3)		2. Trans	action	Execution Date,				3. 4. Securities Acquired (A) Transaction Disposed Of (D) (Instr. 3,					4 and Securiti Benefic				Ownership Form: Direct D) or Indirect	7. Nature of Indirect Beneficial Ownership	
				(Month/I	Day/Yea				Code (Instr. 5)				,	cially (D			(D) or Indii (I) (Instr. 4)				
						(Month/Day/Tear)			, 0,	9,		(0) ==		Reported		ted	(1) (111501. 4)	, (msu: 4)	(Instr. 4)		
									Code	V	Amount		(A) or (D)	Price	•	Transaction(s) (Instr. 3 and 4)					
Common Stock, \$0.001 par value ⁽¹⁾ 06/20/						0/2013					6,671	1 A \$		\$0.	2,145,550		45,550	D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
		10									onvertib				y Ov	viicu					
1. Title of	2.	3. Transaction	3A. Deeme		4.				6. Date Exercisable and			7. Title and			8. Price of		9. Number o			11. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution Da	Date,	Transa Code (Expiratio (Month/D		Amount of Securities			Derivative Security		derivative Securities	Owner Form:	hip	of Indirect Beneficial		
(Instr. 3)	Price of Derivative		(Month/Da	ıy/Year)	8) `				•	Underlying Derivative			(Instr. 5)		Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)			
Security						(A) or			Security (Ir			urity (In	str. 3			Following	(I) (Inst		(1113111 4)		
				Disposed of (D)			and 4)							Reported Transaction	(s)						
						(Instr. 3, 4 and 5)										(Instr. 4)					
				-						Amount		ount									
											or	nber				1					
				Code	v	(A)		Date Exercisal		Expiration Date	Title	of									
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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 Issuer's 2009 Equity Compensation Plan.

Andrew L. Pecora By: /s/

Catherine M. Vaczy, Esq., 06/20/2013

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.