FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
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

OMB APPRO	OVAL							
OMB Number:	3235-0287							
Estimated average burden								
hours per response:	0.5							

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 NeoStem, Inc. [NBS]									Check	ationship of Report (all applicable) Director Officer (give title		10% (
(Last) (First) (Middle) C/O NEOSTEM, INC. 420 LEXINGTON AVENUE, SUITE 450					3. Date of Earliest Transaction (Month/Day/Year) 03/03/2011									X	belov				
(Street) NEW YORK NY 10170 (City) (State) (Zip)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tabl	e I - Nor	n-Deriv	ative	Sec	curitie	s Ac	quirec	, Dis	posed o	f, or	Bene	efici	ally (Owne	ed		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						Execu ay/Year) if any		A. Deemed execution Date, fany Month/Day/Year)		Transaction Disposed Code (Instr. 5)		ties Acquired (A) d Of (D) (Instr. 3, 4			4 and SBO		ount of ities icially d Following ted	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
								Code	v	Amount		(A) or (D) Pric			Transa (Instr.	action(s) 3 and 4)		` ′	
Common Stock, par value \$0.001 per share 03/03				03/03	/2011			P ⁽¹⁾		78,125	(1)	1) A \$1		.28 1,922,652		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)	Derivative Conversion Date Execution Date Security or Exercise (Month/Day/Year) if any		Date, ny/Year)	4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) or Dispo	posed D) str. 3, 4 1 5) Date			e	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amount or Numbe of Shares		ount nber	-		9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Explanation of Responses:

1. The reporting person participated in a private placement of NeoStem, Inc. (the "Company") common stock due to restrictions on his purchasing the Company's common stock in the open market and in response to his desire to increase his ownership in the Company. The shares of common stock were purchased at the then market price of the common stock of the Company under a subscription agreement entered into on February 25, 2011.

Remarks:

Chief Medical Officer, Progenitor Cell Therapy, LLC ("PCT"), a wholly-owned subsidiary of the Company. The Company's acquisition of PCT (the "PCT Merger") closed on January 19, 2011 (the "Closing"). The Agreement and Plan of Merger, dated September 23, 2010, among the Company, PCT and NBS Acquisition Company LLC provides that Dr. Pecora will be invited to join the Company's Board of

Andrew L. Pecora, By: /s/ Catherine M. Vaczy, Esq.,

03/04/2011

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.