## FORM 4

obligations may continue. See Instruction 1(b).

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

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, [	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPROVAL OMB Number: 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*  Smith Robin L					2. Issuer Name <b>and</b> Ticker or Trading Symbol NeoStem, Inc. [ NBS ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
<u> </u>	100111 12														X	Direc	ector		10% C			
(Last) (First) (Middle)					3. D	Date of Earliest Transaction (Month/Day/Year)								$\dashv$	X	Office belov			Other below)	(specify		
C/O NEOSTEM, INC. 420 LEXINGTON AVENUE,					08/	08/15/2011									Chairman of Board and CEO							
SUITE 450																						
3011114	30				4 16	4 If Assess describe Date of Opinional Filed (Manufally 2011)									C leading to the least to the second control of the second control							
(Street)					4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)							
NEW YO	ORK N	<b>Y</b> 1	10170												X	Form	n filed by One	e Repor	ting Pers	on		
-															Form filed by More than One Reporting Person					orting		
(City)	(S	tate) (	Zip)																			
		Tabl	e I - Nor	า-Deriv	ative	Se	curitie	s Acq	uired,	Dis	posed o	f, o	r Ben	efici	ally	Owne	ed					
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da						Execution Date,		Date,	Transaction Dispose Code (Instr. 5)		Disposed	ities Acquired (A) d Of (D) (Instr. 3,			4 and Se Be Ov		Securities Beneficially Owned Following		nership Direct Indirect tr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount		(A) or (D)	Price	,	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock, \$0.001 par value 08/15/									A <sup>(1)</sup>		14,143	3 A \$		\$0.	64	1,026,212			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)	rative Conversion Date Execution Date, Transact (Month/Day/Year) if any Code (In:				action of			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3	8. Price Derivat Securit (Instr. 5		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ow Fo Dir or (I)	wnership orm:	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)		Date Exercisal		Expiration Date	Title	or Nur of	ount nber ires								

## **Explanation of Responses:**

1. On July 22, 2011, the Compensation Committee of the Issuer's Board of Directors approved an arrangement whereby the Reporting Person shall receive, at her option, her net salary for the pay period ending July 31, 2011 through the pay period ending October 31, 2011 through the issuance to her by the Issuer of shares of the Issuer's common stock at the then-market price, under and subject to the terms and conditions of the Issuer's 2009 Equity Compensation Plan (the "2009 Plan").

> Robin L. Smith, By: /s/ Catherine M. Vaczy, Esq., **Attorney in Fact**

08/15/2011

\*\* 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.