FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| Check this box if no longer subject to | S |
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| Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
| Instruction 1(b). | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 and Ticker or Trading Symbol NeoStem, Inc. [NBS] | | | | | | | | (Ched | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|--|--------------|-----------------|--|--|---|--------|---|----------------|------------------------|---|---|---|---|------------------------------------|---|------------------|------------|--|
| <u>Jiiiiii I</u> | COM L | | | | | | | | | | | | | X | | | 10% (| | |
| (Last) | (Last) (First) (Middle) | | | | | Date of Earliest Transaction (Month/Day/Year) | | | | | | | - x | Offic belo | er (give title w) | Other below | (specify) | | |
| C/O NEOSTEM, INC. | | | | | 12/1 | 12/14/2011 | | | | | | | Chairman of Board and CEO | | | | | | |
| 420 LEX | INGTON | AVENUE, SUIT | E 450 | | | | | | | | | | | | | | | | |
| (Ctroot) | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Ind Line) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) NEW YO | ORK I | NY : | 10170 | | | | | | | | | | | X | Forn | n filed by One | e Reporting Pers | son | |
| | | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | |
| (City) | (| State) (| Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - No | n-Deriva | ative | Sec | uritie | s Acc | quired | , Dis | posed o | f, or I | 3ene | ficially | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 2 | | | | Secur Benef | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | | | |
| | | | | | | | | | Code | v | Amount | Amount (A) or (D) | | Price | Transaction(s) (Instr. 3 and 4) | | | (111501.4) | |
| Common Stock, \$0.001 par value 12/14/2 | | | | 2011 | | P | | 50,000 A \$0 | | 0.5978 | 1,382,750 | | 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) | rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any | | | ansaction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of | | tr. 3 | Price of rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |

Explanation of Responses:

Robin L. Smith, By: /s/ Catherine M. Vaczy, Esq.,

Attorney-in-Fact

** Signature of Reporting Person

Date

12/15/2011

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.