FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20349

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPROVAL							
	OMB Number:	3235-0287						
	Estimated average burde	en						
l	hours per response:	0.5						

Check this box if no longer subject to 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

1. Name and Address of Reporting Person*  Pecora Andrew L					2. Issuer Name <b>and</b> Ticker or Trading Symbol NeoStem, Inc. [ NBS ]								elationship o eck all applic	able)	Reporting Person(s) to Issuble) 10% Ow			
(Last) (First) (Middle) C/O NEOSTEM, INC.					3. Date of Earliest Transaction (Month/Day/Year) 08/05/2013								below)	(give title hief Visionary Of		Other (specify below)		
420 LEXINGTON AVENUE, SUITE 350																		
(Street) NEW YORK NY 10170			.0170	—   4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	X Form filed by One Reporting Person Form filed by More than One Reporting					
(City) (State) (Zip)													Person					
		Tab	le I - Non-Der	ivative	e Sec	curities	Acc	quired, D	ispo	osed of	f, or Ber	neficiall	y Owned					
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					action 2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Disposed Of (D) (Instr. 3, 0) 8)			d (A) or r. 3, 4 and	5. Amour Securitie Beneficia Owned F	s Illy ollowing	6. Owners Form: Dir (D) or Ind (I) (Instr. 4	ect li rect E ) C	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code V	-	Amount	(A) or (D)	Price	Transact (Instr. 3 a	ion(s)			1150.4)	
	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)				6. Date Exercisable Expiration Date (Month/Day/Year)			e and 7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ow For Dire or I (I) (	nership m: ect (D) ndirect nstr. 4)	Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable		piration ate	Title	Amount or Number of Shares						
Stock Option (right to purchase) <sup>(1)</sup>	\$7.29	08/05/2013		A <sup>(1)</sup>		27,500		(1)	08/	/05/2023	Common Stock, par value \$0.001 per share	27,500	\$0	27,500		D		

## **Explanation of Responses:**

1. Pursuant to a letter agreement effective August 5, 2013 (the "Grant Date") between NeoStem, Inc. (the "Company") and Andrew L. Pecora, M.D., F.A.C.P. amending Dr. Pecora's employment agreement with the Company, whereby in lieu of serving as Chief Medical Officer of the Company, Dr. Pecora's position and title were changed to Chief Visionary Officer of the Company, on the Grant Date Dr. Pecora was granted an option to purchase 27,500 shares of the Company's common stock, subject to all of the terms and conditions of the Company's Amended and Restated 2009 Equity Compensation Plan. This option vested as to 5,000 shares on the Grant Date, and is scheduled to vest as to 5,000 shares on each of December 31, 2013, December 31, 2014 and 12,500 shares upon a specified business milestone, subject to the reporting person's continued employment.

Andrew L. Pecora By: /s/
Catherine M. Vaczy, Esq.,
Attorney-in-Fact

08/07/2013

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.