FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| 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

| Name and Address of Reporting Person* Pecora Andrew L | | | | | | 2. Issuer Name and Ticker or Trading Symbol NeoStem, Inc. [NBS] | | | | | | | | | | | olicable) | ng Person(s) to | lssuer Owner | |
|---|--|------|-----------|---------------------|--------------------------------------|--|---------|----------------------------|---------|-------------------------------------|---------|---|------------------------------------|--------|---|----------|---|---|---|--|
| (Last) (First) (Middle) C/O NEOSTEM, INC. 420 LEXINGTON AVENUE, SUITE 350 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/13/2014 | | | | | | | | | X | belov | , | Other below onary Officer | (specify y) | |
| (Street) NEW YORK NY 10170 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | . Indiv ine) X | · | | | | |
| | | Tabl | e I - Nor | n-Deriv | ative | Se | curitie | s Ac | quired, | Dis | posed c | f, or | Ben | eficia | ally (| Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | | Execution | | | Code | Transaction Dispose Code (Instr. 5) | | ities Acquired (A) d Of (D) (Instr. 3, | | | 4 and Se | | ount of ties cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | v | Amount | (| A) or D) | Price | , | Transaction(s) (Instr. 3 and 4) | | | (mou. 4) | | | | |
| Common Stock, \$0.001 par value ⁽¹⁾ 03/13/ | | | | | | 1 | | | | | 275 | | A | \$7. | '.81 2 | | 67,604 | 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) | erivative Conversion Date Execution curity or Exercise (Month/Day/Year) if any | | | n Date, ay/Year) | 4. Transaction Code (Instr. 8) | | | Expiration I (Month/Day | | | e | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | ount | 8. Price of Derivative Security (Instr. 5) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

1. Effective August 15, 2013, the Issuer's Board of Directors approved an arrangement whereby the Reporting Person shall receive a portion of his net salary through the issuance to him by the Issuer of shares of the Issuer's common stock, \$.001 par value (the "Common Stock") at the then-market price at the time of issuance, under and subject to the terms and conditions of the Issuers' Amended & Restated 2009 Equity Compensation Plan (the "Plan").

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

03/13/2014

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.