

GASPARINI ROBERT P
 Form 3
 May 02, 2011

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104
 Expires: January 31, 2005
 Estimated average burden hours per response... 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

<p>1. Name and Address of Reporting Person *</p> <p>Â GASPARINI ROBERT P</p> <p>(Last) (First) (Middle)</p> <p>C/O NEOGENOMICS, INC.,Â 12701 COMMONWEALTH DRIVE SUITE 9</p> <p>(Street)</p> <p>FORT MYERS,Â FLÂ US 33913</p> <p>(City) (State) (Zip)</p>	<p>2. Date of Event Requiring Statement</p> <p>(Month/Day/Year)</p> <p>05/02/2011</p>	<p>3. Issuer Name and Ticker or Trading Symbol</p> <p>NEOGENOMICS INC [NGNM.OB]</p>	<p>4. Relationship of Reporting Person(s) to Issuer</p> <p>(Check all applicable)</p> <p><input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) Chief Scientific Officer</p>	<p>5. If Amendment, Date Original Filed(Month/Day/Year)</p>	<p>6. Individual or Joint/Group Filing(Check Applicable Line)</p> <p><input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person</p>
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Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	43,430	D	Â

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

SEC 1473 (7-02)

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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security	4. Conversion or Exercise	5. Ownership Form of	6. Nature of Indirect Beneficial Ownership
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	Date Exercisable	Expiration Date	(Instr. 4) Title	Amount or Number of Shares	Price of Derivative Security	Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	(Instr. 5)
Stock Option (right to buy)	01/03/2005	01/03/2015	Common Stock	575,000	\$ 0.25	D	Â
Stock Option (right to buy)	02/13/2007	02/12/2017	Common Stock	100,000	\$ 1.47	D	Â
Stock Option (right to buy)	03/12/2008 ⁽¹⁾	03/12/2015	Common Stock	584,000	\$ 0.8	D	Â
Stock Option (right to buy)	12/31/2009 ⁽²⁾	02/01/2016	Common Stock	150,000	\$ 0.62	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
GASPARINI ROBERT P C/O NEOGENOMICS, INC. 12701 COMMONWEALTH DRIVE SUITE 9 FORT MYERS, FL US 33913	Â X	Â	Â Chief Scientific Officer	Â

Signatures

/s/ Robert P Gasparini 05/02/2011

__Signature of Reporting Person Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 5(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).
- (1) On March 12, 2008 Mr. Gasparini was granted an option to purchase 784,000 shares. The first vesting and exercisable date was March 12, 2008. On this date 24,000 options vested and then there was to be 45 additional monthly vesting of 8,000 shares for a total of 384,000 options. Included in this grant were 400,000 non-qualified options with an initial vesting on March 12, 2008. From this grant 200,000 options were cancelled. In terms of the remaining 200,000 non-qualified options, 100,000 options are vested and exercisable.
- (2) On February 2, 2009 Mr. Gasparini was granted an option to purchase 200,000 shares. These were performance options which vest based on various milestones. To date 50,000 shares are vested and exercisable, 50,000 shares have been cancelled and 100,000 shares are unvested.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.