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

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): October 17, 2013

NEOSTEM, INC.
(Exact Name of Registrant as Specified in Charter)

Delaware	001-33650	22-2343568
(State or Other Jurisdiction of Incorporation)	(Commission File Number)	(IRS Employer Identification No.)

420 Lexington Avenue, Suite 350, New York, New York 10170
(Address of Principal Executive Offices)(Zip Code)

(212) 584-4180
Registrant's Telephone Number

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instruction A.2. below):

o Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

o Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

o Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

o Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Item 7.01 Regulation FD Disclosure.

NeoStem, Inc. intends, from time to time, to present and/or distribute to the investment community and utilize at various industry and other conferences a slide presentation. The slide presentation is accessible on NeoStem's website at www.neostem.com and is attached hereto as Exhibit 99.1. NeoStem undertakes no obligation to update, supplement or amend the materials attached hereto as Exhibit 99.1.

In accordance with General Instruction B.2 of Form 8-K, the information in this Item 7.01 of this Current Report on Form 8-K, including Exhibit 99.1, shall not be deemed "filed" for the purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liabilities of that section, nor shall it be deemed incorporated by reference in any filing under the Exchange Act or the Securities Act of 1933, as amended, except as shall be expressly set forth by reference in such a filing.

Forward Looking Statements

This Current Report on Form 8-K, including Exhibit 99.1 hereto, contains "forward-looking" statements within the meaning of the Private Securities Litigation Reform Act of 1995. Forward-looking statements are typically preceded by words such as "believes," "expects," "anticipates," "intends," "will," "may," "should," or similar expressions, although some forward-looking statements are expressed differently. Forward-looking statements represent the Company's management's judgment regarding future events. Although the Company believes that the expectations reflected in such forward-looking statements are reasonable, the Company can give no assurance that such expectations will prove to be correct. All statement other than statements of historical fact included in the Current Report on Form 8-K are forward-looking statements. The Company cannot guarantee the accuracy of the forward-looking statements, and you should be aware that the Company's actual results could differ materially from those contained in the forward-looking statements due to a number of factors, including the statements under "Risk Factors" contained in the Company's reports filed with the Securities and Exchange Commission.

Item 9.01 Financial Statements and Exhibits

(d) Exhibits

Exhibit No.	Description
99.1	Slide presentation of NeoStem, Inc. dated October 2013*

*Exhibit 99.1 is furnished as part of this Current Report on Form 8-K.

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

NEOSTEM, INC.

By: /s/ Catherine M. Vaczy

Name: Catherine M. Vaczy, Esq.

Title: Vice President and General Counsel

Dated: October 17, 2013

NeoStem®

Transforming the Treatment of Chronic Disease

Investor Presentation

NASDAQ: NBS

October 2013

Forward-Looking Statements

This presentation includes "forward-looking" statements within the meaning of the Private Securities Litigation Reform Act of 1995, as well as historical information. Such forward-looking statements involve known and unknown risks, uncertainties and other factors which may cause our actual results, performance or achievements, or industry results, to be materially different from anticipated results, performance or achievements expressed or implied by such forward-looking statements. When used in this presentation, statements that are not statements of current or historical fact may be deemed to be forward-looking statements. Without limiting the foregoing, the words "plan," "intend," "may," "will," "expect," "believe," "could," "anticipate," "estimate," or "continue" or similar expressions or other variations or comparable terminology are intended to identify such forward-looking statements, although some forward-looking statements are expressed differently. Additionally, statements regarding the future of the regenerative medicine industry and the role of stem cells and cellular therapy in that future, our ability to successfully develop and grow our business, including with regard to our research and development and clinical evaluation efforts and future marketing and sales in respect of AMR-001 and other cell therapies, the marketing and performance of our contract development and manufacturing business and our adult stem cell collection, processing and storage business are forward looking statements. Our future operating results are dependent upon many factors and our further development is highly dependent on future medical and research developments and market acceptance, which is outside our control.

Forward-looking statements, including with respect to the successful execution of the Company's strategy, may not be realized due to a variety of factors and we cannot guarantee their accuracy or that our expectations about future events will prove to be correct. Such factors include, without limitation, (i) our ability to manage our business despite operating losses and cash outflows; (ii) our ability to obtain sufficient capital or strategic business arrangements to fund our operations and expansion plans, including meeting our financial obligations under various licensing and other strategic arrangements, the funding of our clinical trials for AMR-001, and the commercialization of the relevant technology; (iii) our ability to build the management and human resources and infrastructure necessary to support the growth of our business; (iv) our ability to integrate our acquired businesses successfully and grow such acquired businesses as anticipated, including expanding our PCT business internationally; (v) whether a large global market is established for our cellular-based products and services and our ability to capture a share of this market; (vi) competitive factors and developments beyond our control; (vii) scientific and medical developments beyond our control; (viii) our ability to obtain appropriate governmental licenses, accreditations or certifications or comply with healthcare laws and regulations or any other adverse effect or limitations caused by government regulation of our business; (ix) whether any of our current or future patent applications result in issued patents, the scope of those patents and our ability to obtain and maintain other rights to technology required or desirable for the conduct of our business; (x) whether any potential strategic benefits of various licensing transactions will be realized and whether any potential benefits from the acquisition of these licensed technologies will be realized; (xi) the results of our development activities, including our current Phase 2 clinical trial of AMR-001; (xii) our ability to complete our Phase 2 clinical trial of AMR-001 (or initiate future trials) in accordance with our estimated timeline due to delays associated with enrolling patients due to the novelty of the treatment, the size of the patient population and the need of patients to meet the inclusion criteria of the trial or otherwise; and (xiii) the other factors discussed in "Risk Factors" in our Form 10-K filed with the Securities and Exchange Commission ("the SEC") on March 11, 2013 and elsewhere in this presentation and in the Company's other periodic filings with the SEC which are available for review at www.sec.gov under "Search for Company Filings."

All forward-looking statements attributable to us are expressly qualified in their entirety by these and other factors. Readers are cautioned not to place undue reliance on these forward-looking statements, which speak only as of the date hereof. Except as required by law, the Company undertakes no obligation to update any forward-looking statements, whether as a result of new information, future events or otherwise.

Regenerative Medicine

- Repair or replace damaged tissue and restore function
- Novel regenerative therapies with potential to:
  - ↑ Improve clinical outcomes
  - ↓ Reduce overall healthcare costs

NeoStem Has an Integrated Business Model

- Develops therapies for chronic unmet medical needs around a significant IP portfolio
- Benefits from growth of the regenerative medicine industry through development and manufacturing contracts

Corporate Goals

Drive shareholder value through…

1) Growing a successful global cell therapy contract development and manufacturing business PCT CELL THERAPY SERVICES

2) Developing cutting edge therapies around a strong IP portfolio in the treatment of chronic diseases, becoming a global leader in regenerative medicine, improving clinical outcomes and driving the reduction of overall healthcare costs through the development of cell therapies

3) Continuing to build the Company through strategic transactions, partnerships and relationships (Vatican, DoD) including M&A with a demonstrated track record having completed multiple mergers and one divestiture

4) Educating consumers and the investor community on the paradigm shift in medicine and benefits of cell therapy

Our Contract Development and Manufacturing Organization (CDMO) Business

15-Year Track Record of Success

- Currently serve more than 35 clients
- Demonstrated regulatory expertise having successfully completed 50+ EU and US regulatory filings and worked with a client through all phases of clinical trials, to BLA submission, and product approval by FDA
- Provide established, high quality manufacturing capabilities and support to developers of cell-based therapies, from preclinical supplies through to commercialization at two strategically located facilities
- Over 6,000 patients have received products manufactured at our facilities
- Large and small companies in the cell therapy industry outsource services for all or part of their manufacturing needs, improving efficiencies and profitability and reducing capital investment

Manufacturing Growth Plans

- Initiatives focused on lowering cost of goods and increasing gross profits through innovation, engineering and automation
- Pursue commercial expansion of manufacturing in the US and internationally
- Establish opportunities for early partnerships with goals of commercial manufacturing, equity participation and back-end royalties

Allendale, New Jersey (30,000 ft^2)
ISO Class 7 / Class 10,000 suites
ISO Class 6 / Class 1,000 suite
Additional build out underway – expected online 2014

Mountain View, California (25,000 ft^2)
ISO Class 7 / Class 10,000 suites
Additional build out underway – expected online 2014

What Could Outsourced Manufacturing Ultimately Mean For The Company?

*Examples of Contract Services Potential from Conception to Commercialization**

	Low Complexity Product	Medium Complexity Product	High Complexity Product
Pre-clinical Drug Discovery Contracts	12 to 18 Month Engagement $50,000 to $250,000	12 to 24 Month Engagement $250,000 to $500,000	24 to 36 Month Engagement $500,000 to $1,000,000
Phase 1 Clinical Trial Manufacturing Contract	6 to 12 Month Eng. 5 to 25 Units Produced $250,000 to $750,000	12 to 18 Month Eng. 25 to 50 Units Produced $625,000 to $1,250,000	12 to 24 Month Eng. 50 to 100 Units Produced $1,000,000 to $2,000,000
Phase 2 Clinical Trial Manufacturing Contract	12 to 18 Month Eng. 25 to 50 Units Produced $625,000 to $1,250,000	12 to 24 Month Eng. 100 to 200 Units Mfg. $2,000,000 to $4,000,000	18 to 36 Month Eng. 200 to 400 Units Mfg. $3,000,000 to $6,000,000
Phase 3 Clinical Trial Manufacturing Contract	12 to 18 Month Eng. 50 to 100 Units Produced $1,000,000 to $2,000,000	24 to 48 Month Eng. 200 to 400 Units Mfg. $3,000,000 to $6,000,000	24 to 48 Month Eng. 400 to 1,000 Units Mfg. $4,000,000 to $10,000,000
Commercial Manufacturing Contract	Est. Peak Annual Sales 2,500 to 5,000 Units ***$38M to $75M / Yr.***	Est. Peak Annual Sales 10,000 to 25,000 Units ***$80M to $200M / Yr.***	Est. Peak Annual Sales 25,000 to 50,000 Units ***$125 to $250M / Yr.***

*Based on industry experience and estimated potential future commercial manufacturing in the industry

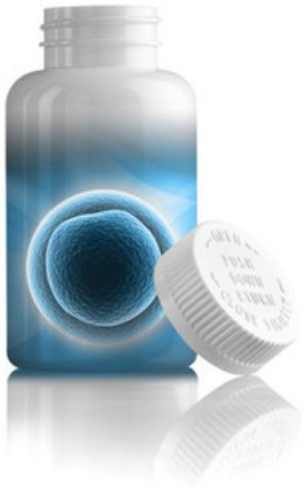
Building a Best in Class Cell Therapy Pipeline

Built for Success in Regenerative Medicine

Cardiovascular disease*

- Acute myocardial infarction – PreSERVE Phase 2 Study
- Congestive heart failure – Preparing for Phase 1b/2a
- Traumatic brain injury – Preclinical

* *These cells (AMR-001) are autologous and not expanded*



Autoimmune disorders

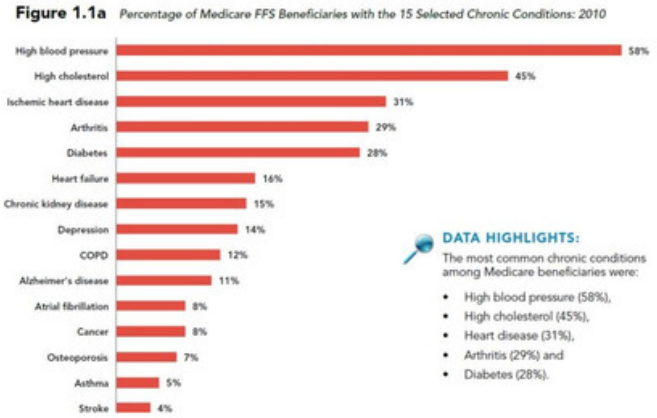
- Type 1 diabetes – Phase 2 IND preparation
- Steroid resistant asthma – Preparing for Phase 1b/2a
- Organ transplant tolerance – Phase 1 IND submitted

Tissue regeneration

- Periodontitis – IND to be filed
- Macular degeneration – Preclinical
- Osteoporosis – Preclinical
- Acute radiation syndrome – Preclinical
- Wound healing – Preclinical

High Cost of Cardiovascular Disease

- $2.7 trillion dollars is spent annually on health care costs, currently 18% of US GDP[1]

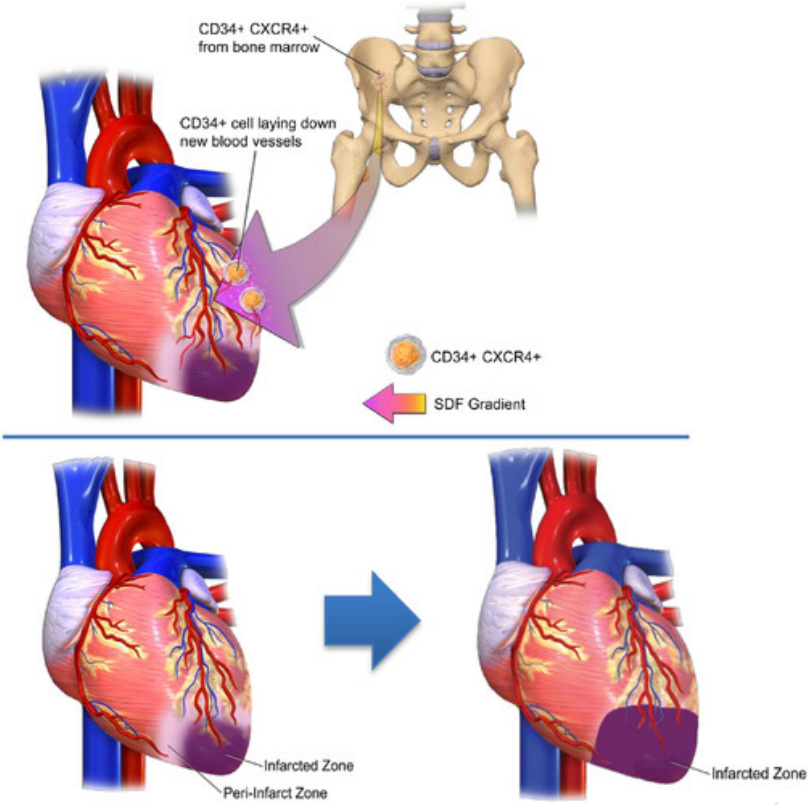


- Cardiovascular disease costs over $445 billion today and projected to increase to $1 trillion by 2030[2]

1) Center for Medicare and Medicaid, statistics for 2011
2) American Heart Association, Policy Statement January 24, 2011

AMR-001 Brings Repair System to the Heart in Order to Preserve Function After a STEMI

- $CD34^{+}CXCR4^{+}$ Cells are a natural repair mechanism
- A consequence of inadequate perfusion (microvascular insufficiency) after a heart attack is apoptosis and progressive cardiomyocyte loss in the peri-infarct zone, leading to infarct expansion
- STEMI patients are at a high risk of a progressive deterioration in heart muscle function that leads to arrhythmia, recurrent myocardial infarction, congestive heart failure and premature death



PreSERVE Phase 2 Study

Indication	Post-AMI preservation of cardiac function
Key Inclusion Criteria	Confirmation of ST Elevation MI (STEMI); ejection fraction ≤ 48% at day 4; state of the art care post stenting
Location and Number of Subjects	United States, 60 centers, 131 of 160 patients infused as of 9/6/2013
Design	Double blind, placebo controlled, randomized (1:1)
Primary Endpoint	Change in cardiac perfusion (RTSS by SPECT) from baseline to 6 months
Other Endpoints	Secondary endpoints to determine preservation of cardiac function and clinical events: • CMR to measure LVEF, LVESV, LVEDV, regional myocardial strain, infarct/peri-infarct regional wall motion abnormalities, and infarct size (baseline and 6 months) • Quality of Life measures: (KCCQ & SAQ) • Reduction in cumulative MACE and other adverse clinical cardiac events at 6, 12, 18, 24, and 36 months
Treatment	Single dose via infarct related artery with minimum dose for release ≥10MM CD34+ cells

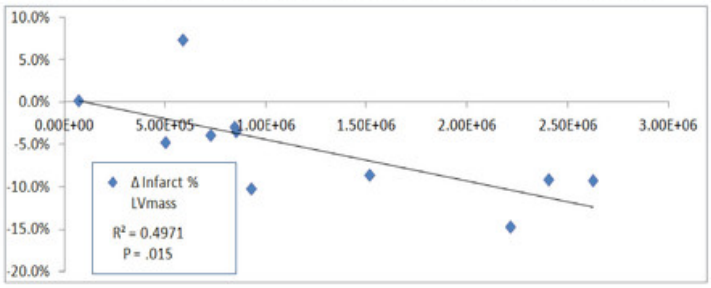
Phase 1 Results Point to AMR-001 Potential

Dose Response Correlated with Mobile CD34+ Cells

- **Patients dosed ≥ the threshold dose of 10 million cells showed significant improvement in perfusion**

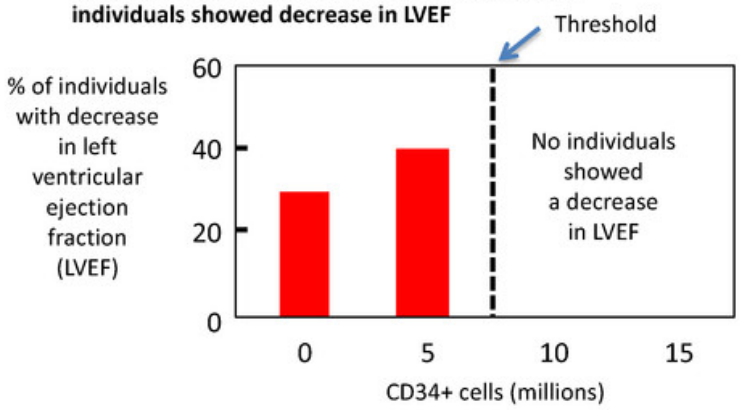
RTSS (Hypoperfusion)				
Cohort	Base Line	6 months	Delta	% Change
Control	259.0	273.5	+14.5	+5.6
5M Cells	714.2	722.0	+7.8	+1.1
10M Cells	998.6	635.8	-362.8	-36.4
15M Cells	584.0	462.0	-122.0	-20.9

- **Increasing doses of CD34+CXCR4+/ SDF-1 mobile cells reduced the size of the infarct region as measured by CMR**



Y = Δ Infarct % LV Mass, X = Dose of SDF1 mobile CD34 cells

- **At threshold dose of 10 million cells or more, no individuals showed decrease in LVEF**

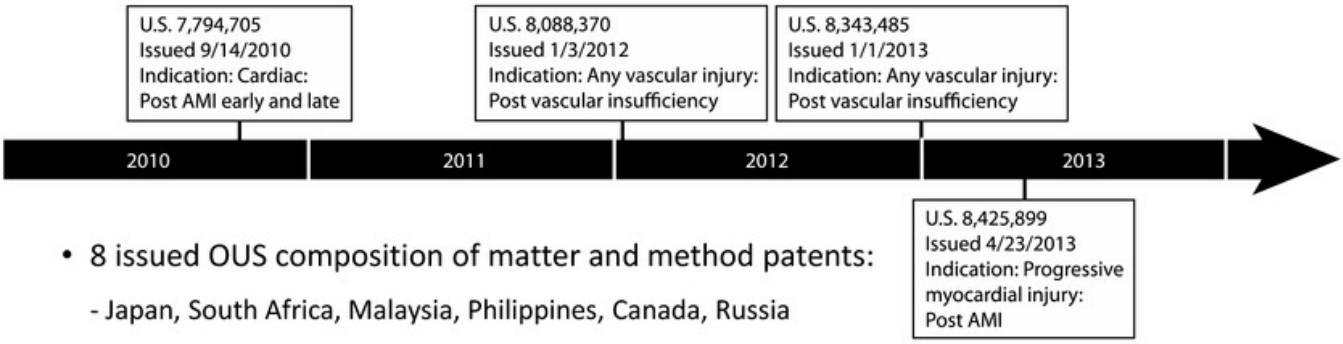


Quyyumi AmHtJ 2011 and data on file

- DSMB determined that no adverse events were related to therapy
- Bone marrow derived cells: Likely safe and positive impact on mortality (Cochrane Collaboration Review, 2012)

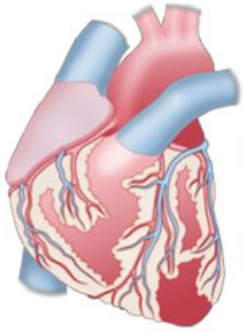
Intellectual Property

- Broad and growing patent portfolio supports cardiac and other ischemic conditions
- Amorcyte's patent claims cover a pharmaceutical composition that contains a therapeutic concentration of non-expanded CD34+ CXCR4+ stem cells that move in response to SDF-1, together with a stabilizing amount of serum, and that can be delivered parenterally through a catheter to repair an injury caused by vascular insufficiency.
- 4 issued US composition of matter and methods patents:



- 8 issued OUS composition of matter and method patents:

  - Japan, South Africa, Malaysia, Philippines, Canada, Russia
- Patent Applications: 24 active US and OUS patents pending
- Issued and pending claims can be applied to other conditions caused by underlying ischemia, including: chronic myocardial ischemia post-AMI, congestive heart failure, critical limb ischemia and ischemic brain injury



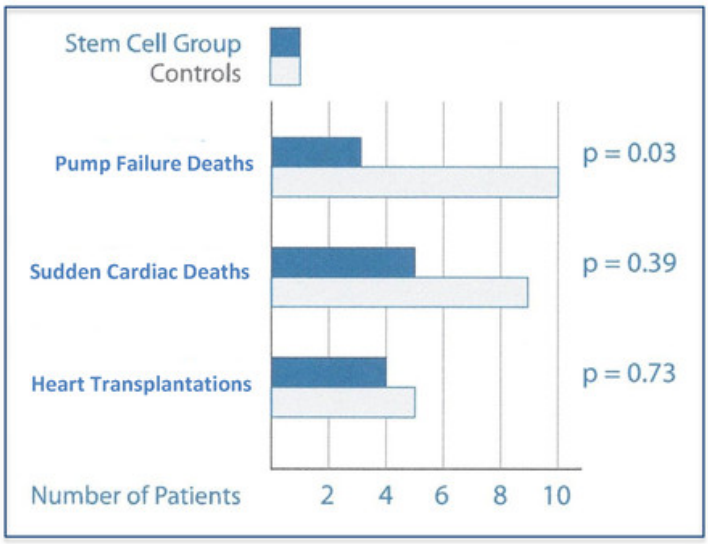
What's Next?
Congestive Heart Failure

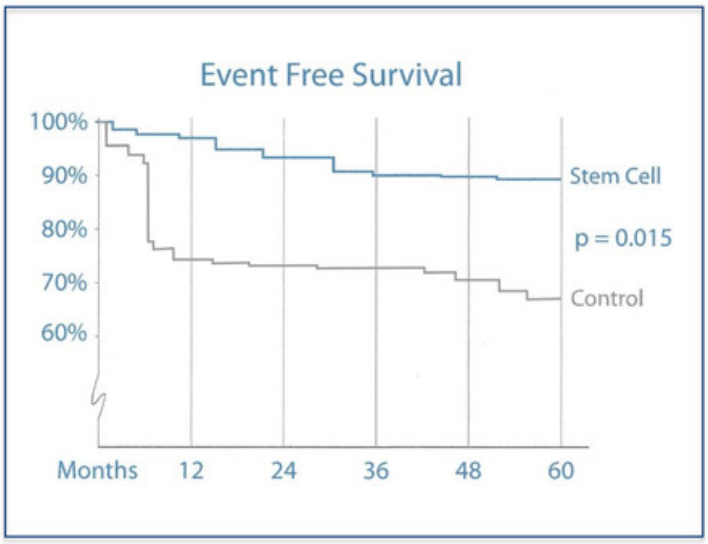
Incidence 660,000

Prevalence 5,800,000
American Heart Association

Prevalence 23,000,000 ↕ 20,000,000
Case Western University

CD34+ Stem Cell Therapy Significantly Improves Event Free Survival at 5 Years in Patients with Dilated Cardiomyopathy





Adapted from Vrtovec et al, Circ Res published online 10/12/12
Note: 110 patients (open label, 55 treated with cells and 55 standard of care)

Using Treg Cells to Restore Immune Balance

- Treg therapy represents a novel approach for restoring immune balance by enhancing T-regulatory cell number and function[1]

- BD Partnership with Becton Dickinson (20% ownership of Athelos)

- Immune-mediated diseases such as graft-versus-host-disease (GVHD), autoimmune disorders such as type 1 diabetes and multiple sclerosis, and allergic conditions, are a result of an imbalance between T-effector cells and T-regulatory cells (Treg)

- Exclusive rights to 22 issued patents covering isolation, activation, expansion and methods of treating or preventing certain conditions and/or diseases using Tregs in US and major international markets

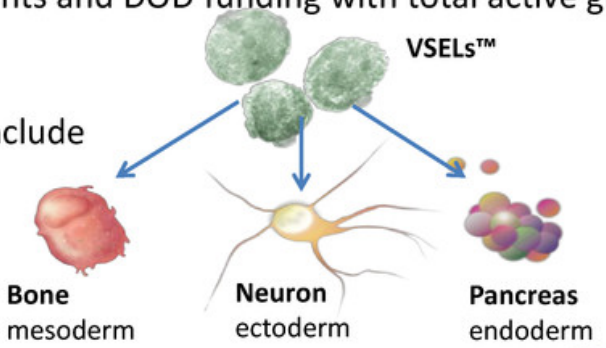
1) Chai, Jian-Guo et al, Journal of Immunology 2008; 180;858-869

Recent Advancements in the Treg Program

- Type 1 diabetes affects over 34 million worldwide
  - Advancing to Phase 2 study in 2014 through collaboration with Drs. Jeffrey Bluestone and Qizhi Tang (UCSF)
- Severe asthma affects 60 million worldwide
  - Designing protocol for Phase 1b/2a steroid resistant asthma study with Drs. William Busse (University of Wisconsin), Mario Castro (Washington University, St. Louis), Prescott Woodruff (UCSF)

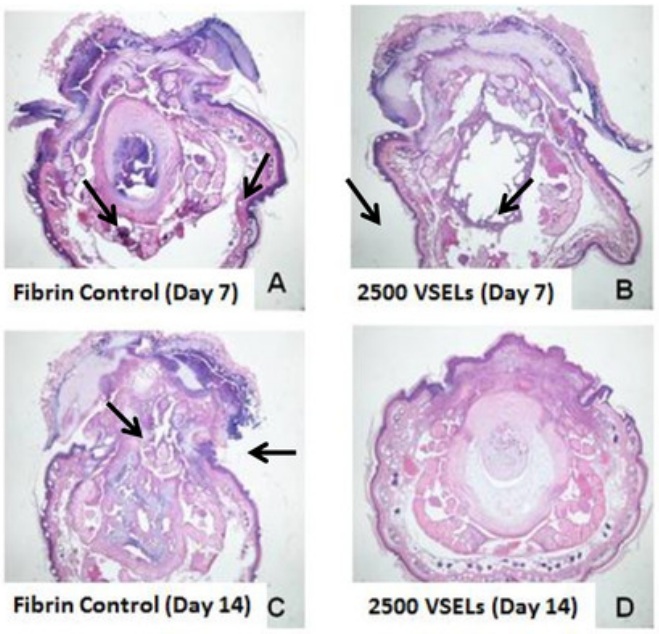
Regenerative Medicine Potential

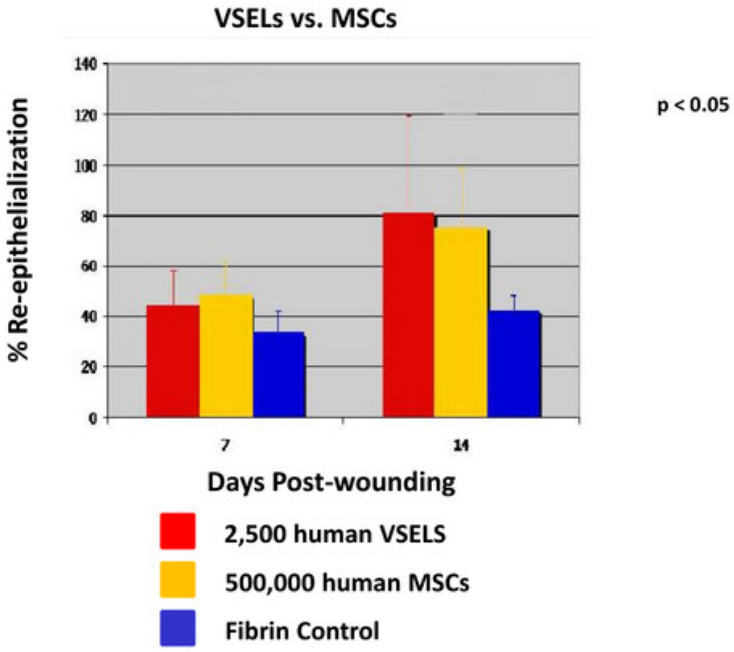
- Preliminary data generated by third party collaborators in animal models have indicated that highly enriched human very small embryonic-like stem cells (VSELs™) are able to integrate, differentiate and potentially regenerate into all basic cell types (mesoderm, ectoderm, endoderm)
- Unlike classically defined "pluripotent" stem cells, it is believed that VSELs™ do not contribute to teratoma formation
- NeoStem has 7 families of patents pending for method of treatment and isolation claims that dovetail with the indications that we are pursuing
- Pre-clinical work financed largely by grants and DOD funding with total active grant awards of over $4.5 million
- Treatment indications being explored include wounds, macular degeneration, osteoporosis, cardiac, and acute radiation syndrome



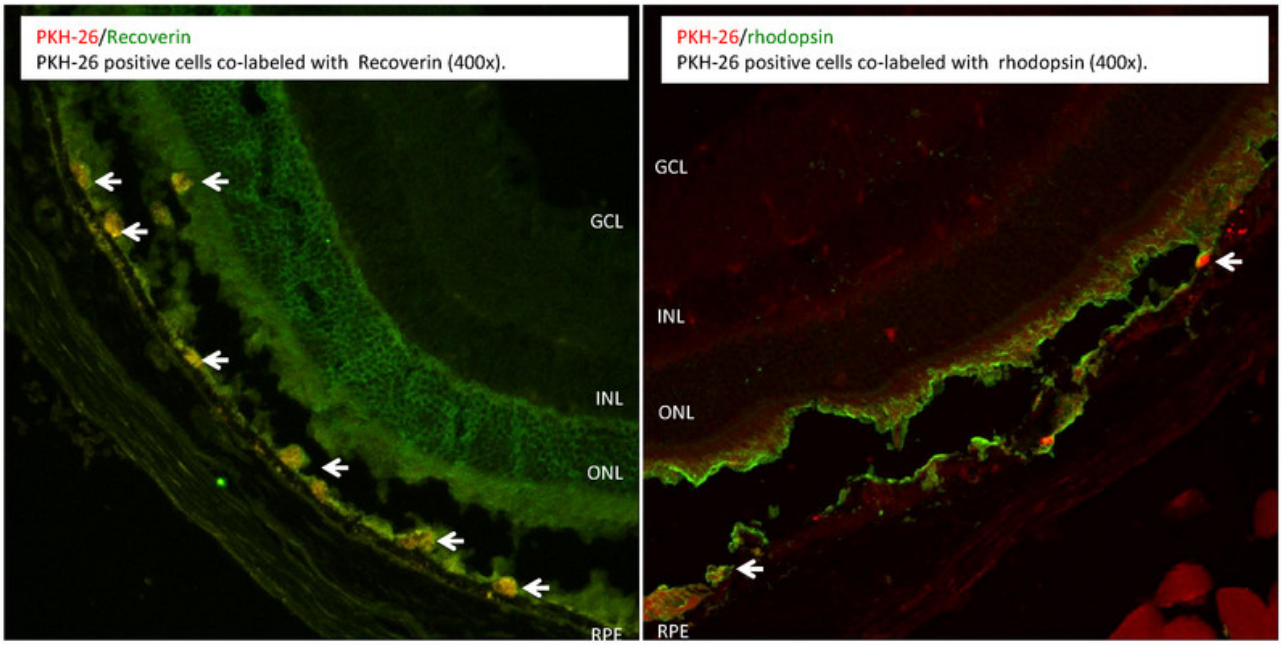
Human VSELs™ Accelerate Healing in a SCID Mouse Complex Tail Wound Model

- Preliminary data in a preclinical model of severe complex wounds suggest that VSELs™ may be more effective in accelerating healing than mesenchymal stromal cells





Preliminary Data Suggest Human VSELs™ Injected into a Mouse Sub-Retinal Space Integrate and Show Differentiation Potential *in situ*



Eminli, S. et al. Exploring the use of human very small embryonic-like stem cells (VSELs) isolated from adult peripheral blood for therapy of dry age-related macular degeneration (AMD). ISSCR 2012 Annual Meeting, Yokohama, Japan. Poster presentation.

Key Executives

Robin Smith, MD, MBA *CEO & Chairman of the Board*	• MD – Yale; MBA – The Wharton School • Formerly President & CEO IP2M (HC multimedia), EVP & CMO HealthHelp (radiology management) • Trustee of NYU Medical Center; Chairman of the Board of NYU Hospital for Joint Diseases (through November 2009) and Stem for Life Foundation
Robert Dickey IV *Chief Financial Officer*	• BA – Princeton University; MBA –The Wharton School • Former SVP Hemispherx Biopharma, Inc. • Over 15 years management experience at life sciences companies, following a career as an investment banker
Andrew L. Pecora, MD, FACP *Chief Visionary Officer, CMO of PCT, CSO of Amorcyte*	• MD – University of Medicine and Dentistry of New Jersey • Chief Innovations Officer, Professor and Vice President of Cancer Services at John Theurer Cancer Center at Hackensack University Medical Center
Douglas W. Losordo, MD, FACC, FAHA *Chief Medical Officer*	• MD – University of Vermont • Leader in cell therapy research; Renowned cardiologist; Adjunct Professor in Medicine, Northwestern University • Former VP, New Therapies Development Regenerative Medicine, Baxter & Former Director, Feinberg Cardiovascular Research Institute
Robert A. Preti, PhD *Chief Scientific Officer* *President of PCT*	• PhD and MS in Cellular Biology / Hematology - New York University • One of the country's leading authorities on cell engineering and the principal investigator for a number of clinical trials relating to stem cell transplantation • 10 years experience as Director of Hematopoietic Stem Cell Processing & Research Laboratory
Stephen W. Potter, MBA *Executive Vice President*	• BS – University of Massachusetts; MBA - Harvard Business School • Biotech and pharma experience: Osiris Therapeutics (approval of Prochymal®, first-ever stem cell drug therapy), Genzyme, DuPont Pharmaceuticals, Booz Allen & Hamilton
Timothy C. Fong, PhD, MBA *VP, Technology & Product Development of PCT*	• PhD in Immunology – UCLA, MBA – Saint Mary's College • Recently Technical Director Cell Therapy at BD Biosciences • Over 18 years experience in drug development; Has led R&D groups in cell and gene therapies from discovery research to clinical trials
Jonathan Sackner-Bernstein, MD, FACC *VP of Clinical Development and Regulatory Affairs*	• MD – Jefferson Medical College • Internationally recognized clinical researcher in cardiology • 20 years experience in clinical practice, medical research and healthcare management • FDA background as past Associate Director for Technology and Innovation; Former CMO at Clinilabs, a clinical research organization

Board of Directors

Robin Smith, MD, MBA *CEO & Chairman of the Board*	• MD – Yale; MBA – The Wharton School • Formerly President & CEO IP2M, EVP & CMO HealthHelp • Experience - Trustee of NYU Medical Center; Chairman of the Board of NYU Hospital for Joint Diseases (through November 2009) and Stem for Life Foundation
Richard Berman *(Independent)*	• Over 35 years of venture capital, management, M&A experience • Experience – Current Board of Directors of Apricus Biosciences, Easylink Services International, Inc., Advaxis, Inc., Broadcaster, Inc., National Investment Managers
Drew Bernstein, CPA *(Independent)*	• BS – University of Maryland Business School • Licensed in State of New York; member AICPA, NYSSCPA and NSA • Experience – Bernstein & Pinchuk LLP (member of BDO Seidman Alliance); PRC auditing; 200+ real estate transactions with $3B+ aggregate value; accountant and business advisor
Martyn Greenacre, MBA *(Independent)*	• BA – Harvard College; MBA – Harvard Business School • Experience – Board and executive positions for multiple biopharmaceutical companies; Former CEO of Delsys Pharmaceutical Corporation and Zynaxis Inc; Chairman of the Board of BMP Sunstone Corporation
Steven Myers *(Independent)*	• BS Mathematics – Stanford University • Experience – Founder/Chairman/CEO SM&A (competition management services); career in aerospace and defense sectors supporting DoD & NASA programs
Andrew Pecora, MD, FACP *Chief Visionary Officer, CMO of PCT, CSO of Amorcyte*	• MD — University of Medicine and Dentistry of New Jersey • Experience – Chief Innovations Officer, Professor and Vice President of Cancer Services at John Theurer Cancer Center at Hackensack University Medical Center, and Managing Partner of the Northern New Jersey Cancer Center
Eric Wei *Managing Partner, RimAsia Capital Partners*	• BS Mathematics & Economics – Amherst College; MBA – Wharton • Experience – Founder/Managing Partner of RimAsia Capital Partners (private equity); Peregrine Capital, Prudential Securities, Lazard Freres, Citibank; Gilbert Global Equity Partners Crimson Asia Capital Partners

Key Metrics

Market Metrics

Market Capitalization[1]	$189M
Enterprise Value[1]	$177M
Recent Price[2]	$7.00
52 Week Range[2]	$5.00 - $9.89
Float[1]	23.8M
Insider Holdings[2]	11.6%

Financial Metrics

Revenue[3]	$6.9M (1H 2013)
Cash[3]	$14.7M
Additional Cash[4]	$47.5M
Common Shares Outstanding[1]	26.9M
Warrants[2]	5.9M (avg. warrant exercise price of $16.51 – mostly callable)
Options[2]	2.8M (avg. option exercise price of $11.12)

1) As of October 15, 2013, based on 26.9 million shares outstanding and a $7.00 share price
2) As of October 15, 2013 (Source: NeoStem)
3) As of June 30, 2013 (Source: NBS June 30, 2013 10Q)
4) Cash raised through warrant and option exercises and issuance of stock between July 1, 2013 and October 15, 2013 (Source: NeoStem)

NeoStem Milestones

- **Therapeutic Pipeline**
  - Complete enrollment PreSERVE-AMI Phase 2 trial
  - 1st data readout 6-8 months after last patient infused
  - Advancing towards Phase 1b/2a AMR-001 CHF trial
  - Advancing towards VSEL™ human trials
  - Advancing Treg cell program towards Phase 2 trial in type 1 diabetes
  - Grow through strategic transactions and business development relationships
- **Commercial Operations**
  - Product and service expansion transaction(s)
  - Cell therapy automation to lower cost and improve efficiency
  - Manufacturing expansion in US and internationally

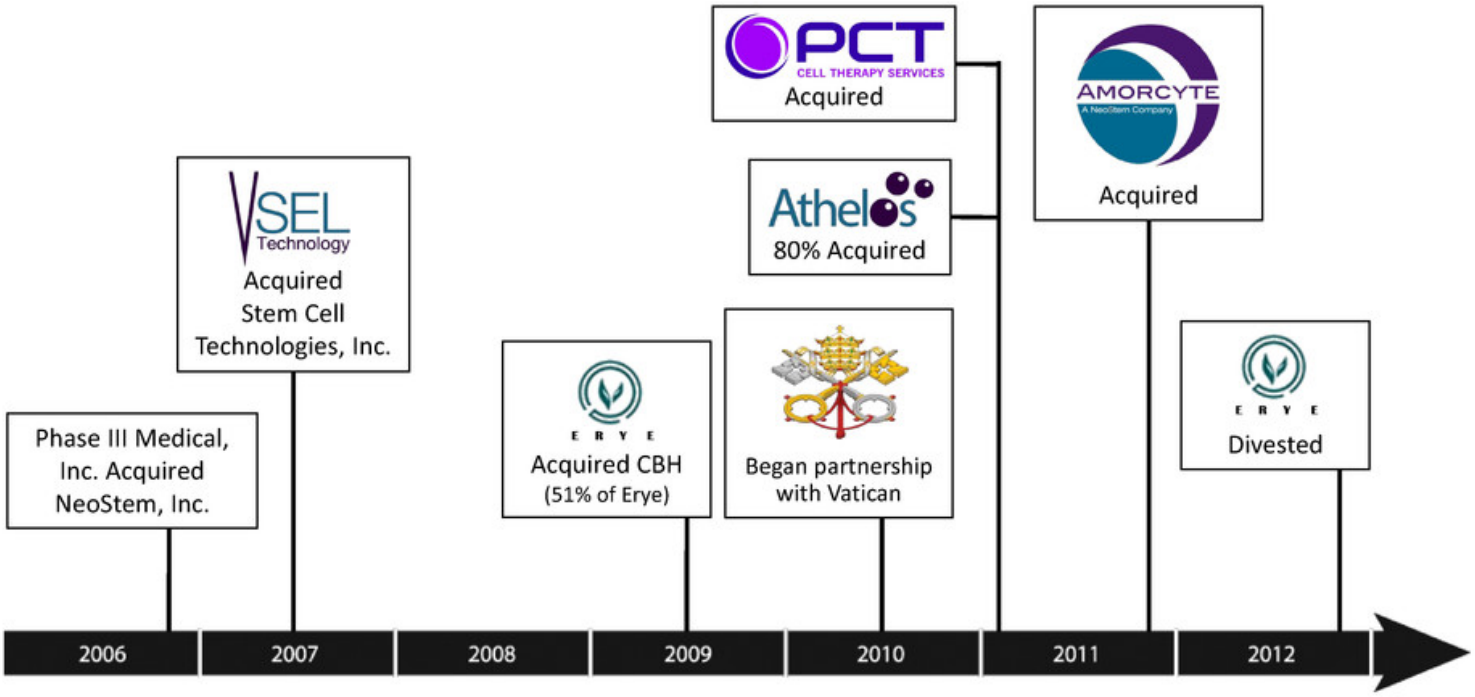
Contact Information

NeoStem, Inc.
NASDAQ: NBS
www.neostem.com

Robin Smith, MD, MBA
Chairman & CEO
Phone: (212) 584-4174
Email: rsmith@neostem.com

Appendix

Since 2006, We Have Accessed Over $183 Million and Completed Multiple M&A Transactions and One Divestiture



Amorcyte Scientific Advisory Board

Andrew L. Pecora, MD, FACP, CPE,	*SAB Administrative Chairman* Chief Scientific Officer, Amorcyte	Hackensack University Medical Center
Eugene Braunwald, MD, FRCP		Brigham & Women's Hospital
Bernard J. Gersh, MD, ChB, DPhil, FRCP		The Mayo Clinic
Dean J. Kereiakes, MD, FACC		The Christ Hospital Heart of Greater Cincinnati
Douglas L. Mann, MD, FACC		Washington University School of Medicine
Emerson C. Perin, MD, PhD, FACC		Texas Heart Institute
Bertram Pitt, MD		University of Michigan School of Medicine
Arshed Quyyumi, MD, FRCP, FACC,	*Principal Investigator, PreSERVE Trial*	Emory University School of Medicine
Edmund K. Waller, MD, PhD, FACP		Emory University School of Medicine
James T. Willerson, MD		University Texas Health Science Center
Joseph Wu, MD, PhD		Stanford University School of Medicine

Athelos Scientific Advisory Board

Robert A. Preti, PhD *SAB Administrative Chairman*	CSO of NeoStem and President of PCT
Jeffrey Bluestone, PhD	University of California, San Francisco, Diabetes Center
David A. Horwitz, MD	University of Southern California
Robert Korngold, PhD	Hackensack University Medical Center
Robert S. Negrin, MD	Stanford University
David Peritt, PhD	Hospira
Noel L. Warner, PhD	BD Biosciences

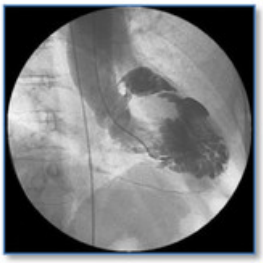
VSEL™ Technology
Academic Collaborators

Mariusz Ratajczak, MD, PhD, Dsci	University of Louisville
Russell Taichman, DMD, DMSc	University of Michigan
Vincent Falanga, MD	Boston University
Kameran Lashkari, MD	Schepens Eye Institute, Harvard Medical School
Song Li, PhD	University of California, Berkeley

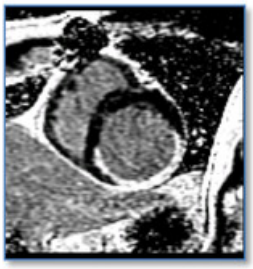
Phase 1 Trial Design for AMR-001

Indication	Post-AMI with LVEF ≤50% and wall motion abnormality in the myocardium of the IRA
Primary Endpoint	Safety in post-AMI patients
Other Endpoints	RTSS* (Perfusion); LVEF; ESV; SDF mobility
Key Inclusion Criteria	Confirmation of ST Elevation MI; Ejection fraction ≤ 50% 96 hours post stenting
Dosing Frequency	Single dose
Groups and Randomization	3 dose cohorts (5, 10, 15 million cells, randomized 1:1, open-label)
Number of Subjects	N=31
Number of Sites	4 (incl. Emory University, Texas Heart Institute, Vanderbilt, Cincinnati)
Geography	United States
Trial Duration	6 months

Day 1: Ventriculography

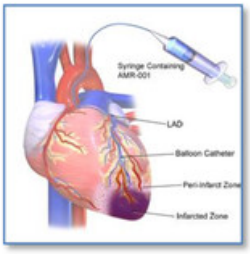


Day 4: CMR

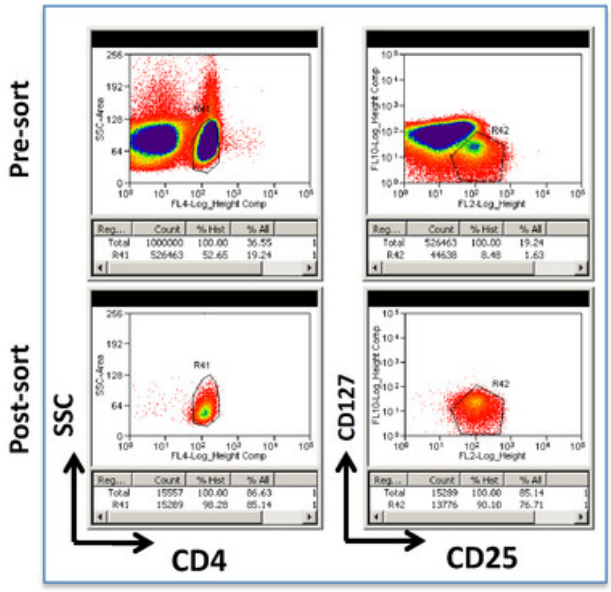


Day 5-8:
6-8 Hour Cell Separation Process

Day 6-10:
Injection into the IRA



Ex vivo Expanded Human Tregs Show Safety and Potential Efficacy in Early Clinical Trials



Post-sort *nTreg : >90%*