FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to |
|--|
| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(b). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| OMB APPROVAL | | | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: | | | | | | | | | |

| 1 | ss of Reporting Perso | on* | 2. Issuer Name and Ticker or Trading Symbol NeoStem, Inc. [NBS] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|-------------------------|-----------------------|---------|---|---|----------------------------------|-----------------------|--|--|--|
| Pecora Andre | <u>ew L</u> | | | X | Director | 10% Owner | | | |
| (Last) (First) (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) | x | Officer (give title below) | Other (specify below) | | | |
| C/O NEOSTEM | , INC. | | 11/08/2012 | Chief Medical Officer | | | | | |
| 420 LEXINGTO | ON AVENUE, SU | ITE 450 | | | | | | | |
| (Street) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicat Line) | | | | | |
| NEW YORK | NY | 10170 | | X | Form filed by One Rep | orting Person | | | |
| | | | | | Form filed by More tha Person | n One Reporting | | | |
| (City) | (State) | (Zip) | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | if any | 3. Transa Code (8) | | | | | Securities Beneficially | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|--|--|--------|------------------------------|---|--------|---------------|--------|------------------------------------|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1130.4) |
| Common Stock, \$0.001 par value ⁽¹⁾ | 11/08/2012 | | A ⁽¹⁾ | | 6,362 | Α | \$0.63 | 2,046,445 | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. 1 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(S) (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|----------------------------------|---|---|-----|--|--------------------|---|--|---|--|---|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. On August 20, 2012, the Issuer's Board of Directors approved an arrangement whereby the Reporting Person shall receive his net salary for his three out of five day workweek through the issuance to him by the Issuer of shares of the Issuer's common stock at the then-market price at the time of issuance, under and subject to the terms and conditions of the Issuer's 2009 Equity Compensation Plan.

| Andrew L. Pecora By: /s/ | |
|---------------------------|---|
| Catherine M. Vaczy, Esq., | 1 |
| Attorney-in-Fact | |

11/09/2012

** 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.