## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

Check this box if no longer subject to	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
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

OMB APPROVAL OMB Number:

Estimated average burden hours per response: 0.5

					or Sect	ion 30(h	) of the	Ínvestmer	t Con	npany Act	of 19	940						
1. Name and Address of Reporting Person*  Preti Robert A				2. Issuer Name <b>and</b> Ticker or Trading Symbol NeoStem, Inc. [ NBS ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
													Dire			Owner (specify		
(1 4)	<b>/F</b> :		N 4: -1 -11 - N		2 Date	Data of Fauliant Transaction (Manth/Day/Mar)							$\dashv$	X belo	er (give title w)	below		
(Last) (First) (Middle) C/O NEOSTEM, INC.						3. Date of Earliest Transaction (Month/Day/Year) 03/29/2012							See Remarks					
420 LEXINGTON AVENUE, SUITE 450					4. If Amendment, Date of Original Filed (Month/Day/Year)							16	6. Individual or Joint/Group Filing (Check Applicable					
(Street)					4. II Americanient, Date of Original Fried (World Day/ Tear)								Line)					
NEW YO	ORK N	<b>Y</b> 1	10170											X Forr	n filed by On	e Reporting Per	son	
														Forr Pers		re than One Re	oorting	
(City)	(St	ate) (	Zip)											1 613	3011			
		Tabl	e I - Nor	ı-Deriv	ative Se	curiti	es Ac	quired,	Dis	osed o	of, o	r Ben	efici	ally Own	ed			
1. Title of Security (Instr. 3)  2. Transa Date (Month/D				action Day/Year)	Execution if any	A. Deemed xecution Date, any Month/Day/Year)	Code	Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			nd Secur Benef Owne	icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
								v	Amount (A) or (D)		Price	Repor Trans (Instr.	ted action(s) 3 and 4)		(Instr. 4)			
Common	stock, \$0.0	01 par value <sup>(1)</sup>		03/29	/2012			A <sup>(1)</sup>		4,903	3	A	\$0.	.51 1,8				
		Та							•	sed of, onvertib				y Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	nversion Date Exercise (Month/Day/Year) in the contraction of the cont		3A. Deemed Execution Date, if any (Month/Day/Year)		Transaction of E		Expiration	5. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price of Derivative Security (Instr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
	l	1	1				1	I			1	I A			1	1	1	

## **Explanation of Responses:**

1. On March 14, 2012, the Compensation Committee of the Issuer's Board of Directors approved an arrangement whereby the Reporting Person shall receive, at his option on quarterly basis, the amount of his net salary increase effective January 19, 2012 pursuant to his January 2011 employment agreement, through the issuance to him by the Issuer of shares of the Issuer's common stock at the then-market price, under and subject to the terms and conditions of the Issuer's 2009 Equity Compensation Plan.

Date

Exercisable

(D)

Expiration

Title

## Remarks:

President and Chief Scientific Officer of Progenitor Cell Therapy, LLC, a wholly-owned subsidiary of the Issuer.

Robert A. Preti, By: /s/ Catherine M. Vaczy, Esq.,

Number

Shares

04/02/2012

Attorney-in-Fact

\*\* Signature of Reporting Person

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.