FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

ı	OIVID APPROVAL							
l	OMB Number:	3235-0287						
l	Estimated average burde	en						
l	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).

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

1. Name and Address of Reporting Person* <u>Keirstead Hans</u>						2. Issuer Name and Ticker or Trading Symbol NeoStem, Inc. [NBS]						elationship c eck all applic Directo	able)	Perso	on(s) to Issu 10% Ow Other (s	/ner	
(Last) (First) (Middle) C/O NEOSTEM, INC.					3. Date of Earliest Transaction (Month/Day/Year) 05/09/2014							below)			below)	occiny	
420 LEXINGTON AVENUE, SUITE 350						A If Amandment Date of Original Filed (Month/Day/Mass)						C. Individual or Isiat/Croup Filian /Charl.					
(Street) NEW YORK NY 10170			.0170	4. IT	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)			Zip)														
		Tab	le I - Non-De	erivative	e Sec	curities	Acc	quired, Di	sposed o	f, or Ber	neficiall	y Owned					
Date				ransaction e nth/Day/Ye	Execution Date,		3. 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1				5. Amour Securitie Beneficia Owned F Reported	es For ally (D) Following (I)		Direct I Indirect E str. 4)	7. Nature of Indirect Beneficial Ownership		
								Code V	Amount	(A) or (D)	Price	Transact (Instr. 3 a	ion(s)			(Instr. 4)	
		7	able II - Deri (e.g					uired, Dis _l , options,				Owned	·			,	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	ercise (Month/Day/Year) of ative	3A. Deemed Execution Date, if any (Month/Day/Year)	Code (6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Ownersh Form: Direct (D) or Indirect (I) (Instr.	Ownership	Beneficial Ownership t (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares						
Stock Options (right to purchase) ⁽¹⁾	\$4.92	05/09/2014		A ⁽¹⁾		45,000		(1)	05/08/2024	Common Stock, par value \$0.001 per share	45,000	\$0	45,000)	D		

Explanation of Responses:

1. On May 9, 2014 (the "Grant Date"), in connection with the commencement of the Reporting Person's employment with NeoStem, Inc. (the "Issuer"), the Reporting Person was granted an option (the "Option") to purchase an aggregate of 45,000 shares of the Issuer's common stock, par value \$0.001 per share (the "Option Shares"), subject to all of the terms and conditions of the Issuer's 2009 Amended & Restated Equity Compensation Plan. The Option is scheduled to vest as to 15,000 Option Shares on each of May 9, 2015, May 9, 2016 and May 9, 2017, subject to the Reporting Person's continued employment.

Remarks:

President of the Issuer's NeoStem Oncology, LLC subsidiary.

Dr. Hans Keirstead, By: /s/

Catherine M. Vaczy, Esq.,

** Signature of Reporting Person

05/09/2014

Attorney-in-Fact

Date

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

- * 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.