

PETERSON PETER M
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)

1. Name and Address of Reporting Person *

Â PETERSON PETER M
(Last) (First) (Middle)

C/O NEOGENOMICS,
INC.,Â 12701
COMMONWEALTH DRIVE,
SUITE 9

(Street)

FORT MYERS,Â FLÂ US
33913

(City) (State) (Zip)

2. Date of Event Requiring Statement

(Month/Day/Year)
05/02/2011

3. Issuer Name and Ticker or Trading Symbol
NEOGENOMICS INC [NGNM.OB]

4. Relationship of Reporting Person(s) to Issuer

5. If Amendment, Date Original Filed(Month/Day/Year)

(Check all applicable)

☒ Director ☒ 10% Owner
☐ Officer ☐ Other
(give title below) (specify below)

6. Individual or Joint/Group Filing(Check Applicable Line)
☒ Form filed by One Reporting Person
☐ Form filed by More than One Reporting Person

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

8,038,123

I

By Aspen Select Healthcare, LP
(1)

Common Stock

129,427

I

By Aspen Opportunity Fund, LP
(2)

Common Stock (3)

24,000

D

Â

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

SEC 1473 (7-02)

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 control number.

Edgar Filing: PETERSON PETER M - Form 3

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 (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Warrant (Right to Buy)	06/07/2007	06/07/2012	Common Stock	100,000	\$ 1.5	D	Â
Warrant (Right to Buy)	02/09/2009	02/09/2014	Common Stock	83,333	\$ 0.75	I	By Gulf Pointe Capital, LLC ⁽²⁾

Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

PETERSON PETER M
C/O NEOGENOMICS, INC.
12701 COMMONWEALTH DRIVE, SUITE 9
FORT MYERS, FL US 33913

Â X Â X Â Â

Signatures

/s/ Peter M.
Peterson

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).

Aspen Select Healthcare, LP is a private investment fund. Medical Venture Partners, LLC is the sole general partner of Aspen Select

(1) Healthcare, LP, and Mr. Peterson is a Managing Member of Medical Venture Partners, LLC. Mr. Peterson disclaims beneficial ownership of such shares except to the extent of his respective pecuniary interests therein.

(2) An investment entity controlled by Peter Peterson. Mr. Peterson disclaims beneficial ownership of such shares except to the extent of his respective pecuniary interests therein.

On April 27, 2011 the Board of Directors approved and granted a restricted stock award of 24,000 shares of NeoGenomics common
(3) stock. The terms of the award call for 2,000 shares to vest on the last day of the next 12 quarters starting on June 30, 2011 as long as Mr. Peterson remains a Director of the Company.

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.