FORM 4

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

OMB APPROVAL				
MB Number:	3235-0287			
stimated average burden				
ours per response	9 0.5			

longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

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Name and Address of Reporting Person STOVER JACK E				2. Issuer Name and Ticker or Trading Symbol Interpace Diagnostics Group, Inc. [IDXG]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_ Director				
(Last) (First) (Middle) C/O INTERPACE DIAGNOSTICS GROUP, INC., 300 INTERPACE PARKWAY				3. Date of Earliest Transaction (Month/Day/Year) 10/14/2016					X						
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)						_X_ I	6. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting Person Form filed by More than One Reporting Person				
PARSIPPANY, NJ 07054 (City) (State) (Zip)									ired, Disposed of, or Beneficially Owned						
		(3.8.0)		1											
1.Title of S (Instr. 3)	(Instr. 3)		2. Transaction Date (Month/Day/Year)	Execut any	2A. Deemed Execution Date, if any		(4	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		D) Owr Tran				Ownership	7. Nature of Indirect Beneficial
				(Month	/Day/Year)	Cod	le V A	mount (A)		(Inst	(I)		or Indirect	Ownership Instr. 4)	
Common	Stock							(-	,	_	,378			D	
Reminder:	Report on a	separate line for eac	h class of securities	beneficia	ally owned	directly	Person contain	s who resp	orm a	re not	required	to respon	d unless th		474 (9-02)
Reminder:	Report on a	separate line for eac	Table II - 1	Derivati	ve Securiti	es Acqu	Person contain form di	s who resp ed in this	orm a urrent enefici	are not ly valid ally Ow	required OMB cor	to respond ntrol numl	d unless th	e	474 (9-02)
1. Title of	2. Conversion	3. Transaction	Table II - 1 (3A. Deemed Execution Date, if	Derivati e.g., put 4. Transac Code	ve Securiti s, calls, wa 5. Nur Deriva Securi	es Acqu rrants, nber of tive ties red (A) posed	Person contain form di nired, Dispo options, co	s who resp ed in this is splays a co sed of, or B evertible sec ercisable and Date	enefici curities 7.7 of	are not ly valid ally Ow	required OMB control	to respond ntrol numl	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	f 10. Ownersh Form of Derivativ Security: Direct (I or Indire s) (I)	11. Nation of Indirection Benefic Owners (Instr. 4
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - 1 (3A. Deemed Execution Date, if any	Derivati e.g., put 4. Transac Code	ve Securiti s, calls, wa 5. Nur tion Deriva Securi) Acqui or Dis of (D) (Instr.	es Acquerrants, nber of titive ties red (A) posed 3, 4,	Person contain form di tired, Dispo options, co 6. Date Ex Expiration	s who respect in this splays a crossed of, or B neertible secretible and Date y/Year)	enefici curities 7.7 of	are not ly valid ally Ow s) Title and Underly curities str. 3 and	required OMB control	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	f 10. Ownersh Form of Derivativ Security: Direct (I or Indire	11. Nation of Indir Benefic Owners (Instr. 4

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
STOVER JACK E C/O INTERPACE DIAGNOSTICS GROUP, INC. 300 INTERPACE PARKWAY PARSIPPANY, NJ 07054	X		President and CEO		

Signatures

/s/ Jack E. Stover	10/18/2016
Signature of Reporting Person	Date

Explanation of Responses:

- * 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).
- (1) The options will vest in equal monthly installments over a period of one year.

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.