FORM 4

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

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

(Print or Ty	pe Response	es)												
1. Name and Address of Reporting Person *- SULLIVAN STEPHEN J			2. Issuer Name and Ticker or Trading Symbol Interpace Diagnostics Group, Inc. [IDGX]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) (First) (Middle) C/O INTERPACE DIAGNOSTICS GROUP, INC., 300 INTERPACE PARKWAY				3. Date of Earliest Transaction (Month/Day/Year) 03/15/2017							re title below)		er (specify below))
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting Person Form filed by More than One Reporting Person				e)	
	PANY, NJ		(77)							_ r orm med by	wore than one	reporting reison		
(Cit	у)	(State)	(Zip)		Т	able I -	Non-Deriva	tive Securitie	s Acquire	d, Disposed	l of, or Ben	eficially Owi	ied	
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		ned n Date, if	Code (Instr. 8	(A) or Disposed (Instr. 3, 4 and 5)		of (D) Owned Follo		Securities Beneficially wing Reported		Ownership o	. Nature of Indirect Beneficial
				(Month/I	Day/Year)	Code	e V Ar	(A) or nount (D)	(In	or Indi (I)		or Indirect (I	wnership nstr. 4)	
Reminder:	Tepon on u						contain	ed in this fo	rm are no	ot required		nd unless tl		74 (9-02)
Reminder:	Topon on a						containe form dis		rm are no rently val eficially O	ot required lid OMB c	d to respo	nd unless tl		74 (9-02)
1. Title of	2. Conversion	3. Transaction Date (Month/Day/Year	3A. Deemed Execution Date, if	4. Transac Code	5. No fion of Deri Secu Acqu (A) c Disp (D)	vative critics corrected or cosed of cr. 3, 4,	contain form dis ired, Dispos options, con	ed in this fo splays a cur sed of, or Ben avertible secu ercisable and Date	rm are no rently val eficially O	ot required lid OMB of Owned and of ng s	8. Price of	nd unless tl	f 10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if	4. Transac Code	tion of Deri') Secu Acqu (A) (Disp (D) (Inst	vative urities uired or cosed of r. 3, 4, 5)	containd form dis ired, Dispos options, con 6. Date Exe Expiration	ed in this fo splays a cur sed of, or Ben overtible secu creisable and Date y/Year)	rm are no rently val eficially O rities) 7. Title a Amount o Underlying Securities	ot required lid OMB of Owned and of ng s	8. Price of Derivative Security (Instr. 5)	9. Number o Derivative Securities Beneficially Owned Following Reported Transaction(f 10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indire Beneficity Ownersh (Instr. 4)

Reporting Owners

Reporting Owner Name / Address	Relationships					
Reporting Owner Name / Address		10% Owner	Officer	Other		
SULLIVAN STEPHEN J C/O INTERPACE DIAGNOSTICS GROUP, INC. 300 INTERPACE PARKWAY PARSIPPANY, NJ 07054	X					

Signatures

/s/ Stephen J. Sullivan	03/17/2017
**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 option award vests and becomes exercisable over a one-year period, commencing on March 15, 2017, in twelve equal installments, on the 14th day of each calendar month, subject to the reporting person's continued service with the issuer.

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.