# FORM 4

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

OMB APPRO	VAL
OMB Number:	3235-0287
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hours per response	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

	pe Response														
1. Name and Address of Reporting Person * STOVER JACK E				2. Issuer Name and Ticker or Trading Symbol Interpace Diagnostics Group, Inc. [IDXG]					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) 03/16/2017											
(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					
PARSIPPANY, NJ 07054 (City) (State) (Zip)								uired, Disposed of, or Beneficially Owned							
		(State)													
(Instr. 3) Da		2. Transaction Date (Month/Day/Year)	any	ion Date, if	Code (Instr.	(/	4. Securities Acquired (A) or Disposed of (D (Instr. 3, 4 and 5)		(D) Owned Follow Transaction(s)			d	Ownership Form:	Beneficial	
				(Month	/Day/Year	Cod	e V A	(A)		Ì	or Indir (I)		or Indirect	Ownership Instr. 4)	
Common	Stock					-		(=		197,37	78			)	
Reminder:	Report on a	separate line for eac	h class of securities	beneficia	ally owned	directly	Person	s who resp	orm are	not rec	quired 1	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 f	orm are rrently neficiall	not red valid O	quired to MB cored	to respond ntrol numb	d unless th	e	474 (9-02)
1. Title of	2. Conversion	3. Transaction	Table II - 1 ( 3A. Deemed Execution Date, if	Derivatir (e.g., put 4. Transact Code	ve Securiti s, calls, wa 5. Nu Deriva Securi	es Acqu rrants, nber of titive ties red (A) posed	Person contain form di ired, Dispo options, co	s who respect in this faplays a cused of, or Bovertible securisable and Date	neficiall urities)  7. Tit of Un Secur	y Owned le and Anderlying	quired to DMB contends and the	to respond ntrol numbers	9. Number of Derivative Securities Beneficially Owned Following Reported Transactions	f 10. Ownersh Form of Derivativ Security: Direct (D or Indirects)	11. Nati p of Indir Benefic Owners (Instr. 4
Title of     Derivative     Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - 1 (3A. Deemed Execution Date, if	Derivatir (e.g., put 4. Transact Code	ve Securitis, calls, wa 5. Nur tion Deriva Securit Acqui or Dis of (D) (Instr.	es Acquerrants, mber of titive ties red (A) posed 3, 4,	Person contain form di ired, Dispo options, con 6. Date Exc Expiration	s who respect in this fisplays a cused of, or Bonertible security and the security of the secu	neficiall urities)  7. Tit of Un Secur	not recvalid Oly  y Owned le and Anderlying ities . 3 and 4	quired to DMB conded amount g 4)	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	f 10. Ownersh Form of Derivativ Security: Direct (Dor Indirect)	11. Nat p 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	03/20/2017
**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 16, 2017, in twelve equal installments, on the 15th day of each calendar month, subject to the reporting person's continued service with the issuer.

 $Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, \textit{see}\ Instruction\ 6 for procedure.$ 

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.