FORM	4
------	---

(Print or Type Responses)

Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations
may continue. See
Instruction 1(b).

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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

1. Name and Address of SULLIVAN STEPI	2. Issuer Name an Interpace Diagno			· ·		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) C/O INTERPACE I INC., 300 INTERP.		S GROUP,	3. Date of Earliest Transaction (Month/Day/Year) 09/25/2017							ther (specify bel	ow)
PARSIPPANY, NJ		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			
(City)	(State)	(Zip)	Т	able I - Noi	n-Der	ivative S	ecurities	s Acqu	ired, Disposed of, or Beneficially Ov	vned	
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	(Instr. 8)			isposed of 4 and 5) (A) or	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Ownership Form:	Beneficial Ownership

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

Persons who respond to the collection of information SEC 1474 (9-02) contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4. 5. Number		6. Date Exercisable and		7. Title and		8. Price of	9. Number of	10.	11. Nature		
Derivative	Conversion	Date	Execution Date, if	Transact	Transaction of		Expiration Date		Amount of		Derivative	Derivative	Ownership	of Indirect	
Security	or Exercise	(Month/Day/Year)		Code	Derivative		(Month/Day/Year)		Underlying		Security	Securities	Form of	Beneficial	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8))	Securities				Securities		(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Acquired	Acquired		(Instr. 3 and 4)					(Instr. 4)	
	Security					(A) or							Direct (D)		
						-	Disposed of					1	or Indirect		
						(D)					Transaction(s)	< / <			
						(Instr. 3, 4,						(1	(Instr. 4)	(Instr. 4)	
						and 5)									
											Amount				
								Date	Expiration		or				
								Exercisable			Number				
				Code	v	(1)	(JD)				of Shores				
				Code	v	(A)	(D)				Shares				
Stock															
Option	\$ 1.48	09/25/2017		А		13.000		(1)	09/25/2018	Common Stock	12 000	\$ 0	13,000	D	
(right to	\$ 1.48	09/25/2017		A		15,000		<u></u>	09/23/2018	Stock	15,000	\$U	15,000	D	
buy)															

Reporting Owners

Reporting Owner Name / Address	Relationships							
reporting officer (time) / rear out	Director	10% Owner	Officer	Other				
SULLIVAN STEPHEN J C/O INTERPACE DIAGNOSTICS GROUP, INC. 300 INTERPACE PARKWAY PARSIPPANY, NJ 07054	х							

Signatures

/s/ Stephen J. Sullivan	09/26/2017	
**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 stock option award vests and becomes exercisable over a one-year period, in twelve equal installments, 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.