FORM 4

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

OMB APPROVAL				
OMB Number:	3235-0287			
stimated average burden				
ours 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

1. Name at														
1. 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 10% Owner						
(Last) (First) (Middle) C/O INTERPACE DIAGNOSTICS GROUP, INC., 300 INTERPACE PARKWAY			3. Date of Earliest Transaction (Month/Day/Year) 09/26/2017					X Officer (give title below) Other (specify below) President and CEO						
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)				_X_	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)			(Zip)	Table I Non Douberton Countries Asses					uired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		ed Date, if	3. Trans Code (Instr. 8	action 4. Securities Acquir (A) or Disposed of		ired f (D) Owned Follow Transaction(s)		Securities Beneficially ving Reported		6. 7. Ownership Form: Bo	eneficial
				(Month/Da	nth/Day/Year)		v A	(A) or (D)	Price	Instr. 3 and 4)		or (I	r Indirect (In	wnership nstr. 4)
Reminder:	Report on a	separate line for each	h class of securities	beneficially	owned	directly o		y. s who respor	nd to the c	ollection	of informa	ation	SEC 14	74 (9-02)
Reminder:	Report on a	separate line for each	Table II -	Derivative S	Securitie	es Acqui	Person contair form di	s who resported in this for splays a currosed of, or Bend	m are not ently valid eficially Ow	required OMB co	to respon	d unless the		74 (9-02)
1. Title of	2. Conversion	3. Transaction	Table II -	Derivative S (e.g., puts, c 4. Transaction Code	Securition alls, was	es Acqui rrants, on ober of tive ties red (A) posed	Person contair form di ired, Dispo	s who responded in this for splays a currosed of, or Bendonvertible securercisable and Date	m are not ently valid eficially Ow	required OMB conned Amount ing	to respond ntrol numl	d unless the	f 10. Ownershi Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indire Benefici Ownersh (Instr. 4)
Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - 3A. Deemed Execution Date, if any	Derivative S (e.g., puts, c 4. Transaction Code	Securitic ralls, was 5. Nun Deriva Securit Acquir or Dispos of (D) (Instr. and 5)	es Acqui rrants, on ther of tive tites red (A) posed 3, 4,	Person contair form di ired, Dispo options, co 6. Date Ex Expiration	s who responded in this for splays a currosed of, or Bendonvertible securercisable and Date ay/Year)	m are not ently valid eficially Ow ities) 7. Title and of Underly Securities	required OMB conned Amount ing	8. Price of Derivative Security	9. Number o Derivative Securities Beneficially Owned Following Reported	f 10. Ownershi Form of Derivative Security: Direct (D) or Indirec	11. Natu of Indire Benefici Ownersi (Instr. 4

Reporting Owners

Donation Common Name / Addison	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	09/27/2017
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 period of one year in twelve equal installments, commencing 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, 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.