FORM 4

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

OMB APPROVAL
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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	s)													
1. Name and Address of Reporting Person* Burnell Thomas W.				2. Issuer Name and Ticker or Trading Symbol INTERPACE BIOSCIENCES, INC. [IDXG]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director				
(Last) (First) (Middle) C/O INTERPACE BIOSCIENCES, INC., 300 INTERPACE PARKWAY				3. Date of Earliest Transaction (Month/Day/Year) 12/01/2020							X Officer (give title below) Other (specify below) President and CEO				
PARSIPPANY,, NJ 07054				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)	Ta	able I - N	on-De	erivative	Securit	ies A	Acqui	ired, Disp	osed of, or l	Beneficially	Owned	
(Instr. 3)		2. Transaction Date (Month/Day/Year)	*	(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			6. 7. Ownership of	Beneficial	
			(Month/Day/Year)	Code	V	Amou	nt (A	r	Price	(Instr. 3 and 4)			Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common Stock			12/01/2020		A		100,0	00 A	9	\$ 0	225,000		D		
Common Stock		12/01/2020		A		125,0	00 A	5	\$ 0 225,000			D			
Reminder:	Report on a s	separate line fo	or each class of secur	rities beneficially or	wned dire	Per	sons wl	no res	forn	n are	not requ		formation spond unle trol numbe	ss	1474 (9-02)
				Derivative Securit (e.g., puts, calls, wa							ly Owned				
1. Title of Derivative Conversion or Exercise (Instr. 3) Price of Derivative Security Output Derivative Security		3. Transaction Date (Month/Day/	Year) Execution Da	te, if Transaction Code Year) (Instr. 8)	Number		6. Date Exercisable and Expiration Date (Month/Day/Year)			Amo Und Secu	ount of derlying urities str. 3 and Derivative (Instr. 5)		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form of Derivati Security Direct (1 or Indire	Beneficia Ownershi (Instr. 4)
				Code V	(A) (I		te ercisable	Expira Date	tion	Title	Amount or Number of Shares				

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Burnell Thomas W. C/O INTERPACE BIOSCIENCES, INC. 300 INTERPACE PARKWAY PARSIPPANY,, NJ 07054	X		President and CEO				

Signatures

/s/ Thomas W. Burnell	12/02/2020
**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) These restricted stock units vest annually in equal installments on each of the first three anniversaries of their date of grant, subject to the reporting person's continued service with the Issuer through the applicable vesting date. Each restricted stock unit represents a right to receive one share of the Issuer's common stock upon vesting.
- (2) These restricted stock units vest on the day following a 30 calendar day period in which, for each trading day of such period, a share of the Issuer's common stock has a closing per share price of at least \$11.34. Each restricted stock unit represents a right to receive one share of the Issuer's common stock upon vesting.

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.