

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

OMB APPROVAL					
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Estimated average burden					
nours per respons	se 0.5				

#### INITIAL STATEMENT OF 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 Type Respo	nses)											
Name and Address of Reporting Person*  Gorman Robert J.		2. Date of Event Requiring Statement (Month/Day/Year) 10/17/2019			3. Issuer Name and Ticker or Trading Symbol							
				Interpace Diagnostics Group, Inc. [IDXG]								
	(First) (Middle) RPACE DIAGNOSTICS NC., 300 INTERPACE		.019				f Reporting Persor all applicable)		5. If Amendment, Date Original Filed(Month/Day/Year)			
PARKWAY						X Director Officer (give tit		-				
	(Street)					below) below)			6. Individual or Joint/Group Filing(Check Applicable Line) X Form filed by One Reporting Person			
PARSIPPANY,	NJ 07054									Form filed by More than One Reporting Person		
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Beneficially Owned									
1.Title of Security (Instr. 4)			В	Beneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)					
Reminder: Report or	Persons unless t	who respond he form displa	to the cays a cur	ollection rently va	of info	ormatic IB cont	on contained in t		·			
1. Title of Derivative Securit (Instr. 4)	e Security	an	Date Exer d Expirationth/Day/Yea	on Date	3. Title and A Securities Un Security (Instr. 4)		Amount of aderlying Derivativ	Price of Derivative	5. Ownership Form of Derivative Security: Direct	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
	_	ercisable	Expiration Date	Title	Amour Shares	nt or Number of	Security	(D) or Indirect (I) (Instr. 5)				

## **Reporting Owners**

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

### **Signatures**

/s/ Robert J. Gorman	10/28/2019
**Signature of Reporting Person	Date

#### **Explanation of Responses:**

#### No securities are beneficially owned

- \* If the form is filed by more than one reporting person, see Instruction 5(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).

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.