## FORM 4

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

OMB APPROVAL				
MB Number:	3235-0287			
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ours per response	e 0.5			

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 Type Responses)  1. Name and Address of Reporting Person *			2. Issuer Name and Ticker or Trading Symbol				5. I	5. Relationship of Reporting Person(s) to Issuer						
Early James							roup, Inc.			(Check all applicable)				
(Last) (First) (Middle) C/O INTERPACE DIAGNOSTICS GROUP, INC., 300 INTERPACE PARKWAY				3. Date of Earliest Transaction (Month/Day/Year) 10/14/2016					X	Director 10% Owner  X Officer (give title below) Other (specify below)  Chief Financial Officer			)	
(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				ne)
PARSIPPANY, NJ 07054 (City) (State) (Zip)			(Zip)	Table I - Non-Derivative Securities Acqu					s Acquired	ired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)			Date (Month/Day/Year)		ned n Date, if	3. Tran Code (Instr.	saction 4. (A	. Securities Acquired A) or Disposed of (D) Instr. 3, 4 and 5)		Amount of vned Follow	Securities Beneficiallying Reported		6. Ownership Form:	7. Nature of Indirect Beneficial
				(Month/I	Day/Year	Code	e V Aı	(A) or (D)	(Ins	or I		or Indirect (I	Indirect (Instr. 4)	
Reminder:							contain	s who respored in this for splays a curr	m are no	t required	to respo	nd unless t		174 (9-02)
Reminder:	•						contain	ed in this for	m are no	t required	to respo	nd unless t		174 (9-02)
1. Title of	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transac Code	s, calls, wa 5. N of Deri ) Secu Acq (A) Disp	umber vative urities uired	contain form dis nired, Dispo options, cor	ed in this for splays a curr sed of, or Ben- exertible secur- cressable and Date	m are no ently vali eficially O	t required id OMB commed and of ang s	to respondent of number of the second number of the	9. Number of Derivative Securities Beneficially Owned Following Reported	f 10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur p of Indirec Beneficia Ownershi (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transac Code	5. N tion of Deri Secu Acq (A) Disp (D)	vative urities uired or cosed of r. 3, 4,	contain form dis nired, Dispo- options, cor 6. Date Exe Expiration	ed in this for splays a curr sed of, or Ben- exertible secur- cressable and Date	rm are no rently vali eficially O rities)  7. Title ar Amount o Underlyir Securities	t required id OMB commed and of ang s	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following	f 10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur p of Indirec Beneficia Ownershi (Instr. 4)
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#### **Reporting Owners**

Reporting Owner Name / Address	Relationships					
reporting 6 water remaining	Director	10% Owner	Officer	Other		
Early James						
C/O INTERPACE DIAGNOSTICS GROUP, INC.			Chief Financial Officer			
300 INTERPACE PARKWAY			Ciliei Filialiciai Officei			
PARSIPPANY, NJ 07054						

### **Signatures**

/s/ James Early	10/19/2016
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 options will vest in equal monthly installments over a period of one year.

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.