## FORM 4

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

OMB APPROVAL						
OMB Number:	3235-0287					
Estimated average burden nours per response 0.5						
ours per response						

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

•	pe Response		*	2 Iggues Ness	and Tiel		rodir - C	mba¹		5 Relation	nshin of Ror	orting Perce	on(s) to Issu	er
Name and Address of Reporting Person – GREAT POINT PARTNERS LLC			2. Issuer Name and Ticker or Trading Symbol NEOPROBE CORP [NEOP.OB]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director  X 10% Owner					
, 2 PICKWICK PLAZA, SUITE 450			3. Date of Earliest Transaction (Month/Day/Year) 01/18/2005						r (give title belo		Other (specify l	pelow)		
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)				)	6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person				able Line)		
GREENV	VICH,, CT	06830								_X_ Form fil	ed by More than	One Reporting	Person	
(City	·)	(State)	(Zip)	Tal	ble I - No	n-Dei	rivative So	ecurities	Acqui	red, Disp	osed of, or l	Beneficially	Owned	
1.Title of S (Instr. 3)				2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)		(A) or Disposed of (D) (Instr. 3, 4 and 5)					Following	Ownership Form:	7. Nature of Indirect Beneficial Ownership
				(	Code	V	Amount	(A) or (D)	Price		sir. 3 and 4)		or Indirect (I) (Instr. 4)	(Instr. 4)
Common	Stock		01/18/2005		P		100,000	A	\$ 0.553	100,000	)		D (1)	
Common	Stock		01/18/2005		P		200,000	A	\$ 0.597	300,000	)		D (1)	
Common	Stock		01/18/2005		P		35,000	A	\$ 0.575	335,000	)		D (1)	
Reminder: indirectly.	Report on a	separate line	for each class of sec	urities beneficially	owned dir	ectly	or							
						cor	ntained ir	this fo	rm are	e not req	uired to re	formation espond un ntrol numb	less	EC 1474 (9- 02)
				Derivative Securiti e.g., puts, calls, wa							l			
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Year)	Year) Execution Da		of		and Expiration Date (Month/Day/Year)  S (		Amo Und Secu	Title and mount of nderlying curities nstr. 3 and		9. Number Derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4)	Owners Form of Derivat Security Direct ( or Indir	Ownersh (y: (Instr. 4) rect
				Code V	(A) (D		te :	Expiratio Date	on Title	Amount or Number of Shares				
Repor	ting O	wners	1 .	Relationships										

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
GREAT POINT PARTNERS LLC 2 PICKWICK PLAZA, SUITE 450 GREENWICH,, CT 06830		X				
JAY JEFFREY R GREAT POINT PARTNERS, LLC 2 PICKWICK PLAZA, SUITE 750 GREENWICH,, CT 06830		X				

### **Signatures**

GREAT POINT PARTNERS, LLC By: /s/ Dr. Jeffrey R. Jay, M.D. as Senior managing member	01/20/2005
Signature of Reporting Person	Date
/s/ Dr. Jeffrey R. Jay, M.D.	01/20/2005
	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) Owned directly by Dr. Jay. Great Point disclaims any beneficial ownership in such shares.

#### Remarks:

Remarks: This Form 4 is being filed solely to report separately the acquisition of shares beneficially owned by the Reporting Persons that were previously included in the total number of shares beneficially owned in the Form 3 filed by the Report persons on 03/22/2004. That Form 3 is being amended contemporarily with the filing of this Form 3.

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.