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

| OMB APPROVAL | | | | | | |
|--------------------------|-----------|--|--|--|--|--|
| DMB Number: | 3235-0287 | | | | | |
| Estimated average burden | | | | | | |
| nours per response | | | | | | |

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 | es) | | | | | | | | | | | | | | | |
|---|---|---------------|-------------------------|----------------|--|-----------|---|--|----------------|-------------------------|--|--|---|--|--|--|--|
| 1. Name and Address of Reporting Person * AVITAL REUVEN | | | | | 2. Issuer Name and Ticker or Trading Symbol NEOPROBE CORP [NEOP] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
| (Last) (First) (Middle) 425 METRO PLACE NORTH, STE 400 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/11/2009 | | | | | | Officer (give title below) Other (specify below) | | | | | | |
| DUBLIN, OH 43017 | | | | 4. If | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | _X_ Form file | 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) | | | | | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | |
| (Instr. 3) Date (Month/Day/Year) a | | Execut any | Execution Date, if Code | | Code Instr. 8) | | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | Reported Transaction(s) | | | ip Indire Bene O) Owne | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | Code | V | Amount | (A) or (D) | Price | e | | | (I) (Instr. 4) | l` | . 4) | |
| Common | Stock | | 05/11/2009 | | | P | | 17,900 | A | \$ 0.60 | 97,900 | | | D | | | |
| Common | Stock | | 05/12/2009 | | | P | | 800 | A | \$ 0.60 | 98,700 | | | D | | | |
| Common Stock | | | | | | | | | 139,256 | | | I | Mittai Investments Ltd. | | | | |
| Reminder: indirectly. | Report on a | separate line | e for each class of se | ecurities | beneficially | y owned d | irectl | y or | | | • | | | | | | |
| | | | | | | | cc | ontained | in this | form | to the colle are not req rrently valid | uired to re | spond | unless | SEC | 1474 (9- 02) | |
| | | | Table II | | itive Securi | | | | | | cially Owned | l | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. 3. Transac Conversion or Exercise Price of Derivative Security 3. Transac (Month/D | | Execution any | ed Date, if | | | ber 6 | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | . Title and mount of Inderlying ecurities (nstr. 3 and | | 5) Benefic Owned Followi Reporte | ve Ow es For- ially Der Sec ng Dire d or I tion(s) (I) | wnership orm of erivative curity: rect (D) Indirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code V | 7 (A) (| Е | Oate Exercisable | Expira Date | rtion T | Amount or Number of Shares | | | | | | |
| Repor | ting O | wners | | | | | | | | | | | | | | | |

| Describer Occurs Name / Address | Relationships | | | | | | |
|---|---------------|-----------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| AVITAL REUVEN 425 METRO PLACE NORTH STE 400 DUBLIN, OH 43017 | X | | | | | | |

Signatures

| William J. Kelly, Jr., Attorney-In-Fact | 05/13/2009 |
|---|------------|
| **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).

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.