## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: Estimated average burden hours per response: 0.5

## Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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1. Name and Address of Reporting Person* <u>Davis Katherine Lyon</u>						2. Issuer Name <b>and</b> Ticker or Trading Symbol CHEMBIO DIAGNOSTICS, INC. [ CEMI ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner					
(Last) 3661 HC	(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 06/19/2014									Officer (give title Other (specification) below)					
(Street)  MEDFORD NY 11763  (City) (State) (Zip)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person						
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						ction 2A. Deemed Execution Da			3. Transaction Code (Instr					or 5. Amou 4 and Securiti Benefic Owned		nt of es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	Amount (A) or (D)		Trai	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
		7	able II - I (						uired, D s, option						ed					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transactior Code (Instr 8)				6. Date Exercisa Expiration Date (Month/Day/Year			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Pric Deriva Securi (Instr.)	tive ty	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owner Form: Direct or Ind (I) (Ins	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	Amount or Number of Shares	er						
Options to purchase	\$3.48	06/19/2014			A		9,375		06/19/2014	4 06	5/19/2019	Common Stock	9,37	5 \$0		0		D		
Options to purchase	\$3.48	06/19/2014			A		9,375		06/19/2015	5 06	5/19/2019	Common Stock	9,37	5 \$0		0		D		
Options to purchase	\$3.48	06/19/2014			A		9,375		06/19/2016	5 06	5/19/2019	Common Stock	9,37	5 \$0		0		D		
Options to purchase	\$3.48	06/19/2014			A		9,375		06/19/2017	7 06	5/19/2019	Common Stock	9,37	5 \$0		0		D		
Options to purchase	\$3.48	06/19/2014			A		9,375		06/19/2018	3 06	5/19/2019	Common Stock	9,37	5 \$0		0		D		

**Explanation of Responses:** 

Remarks:

/s/ Katherine L. Davis

07/21/2014

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).