FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, [| D.C. | 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | DVAL |
|------------------------|-----------|
| OMB Number: | 3235-0287 |
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| 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

| Name and Address of Reporting Person* Meller Gary | | | | | | 2. Issuer Name and Ticker or Trading Symbol CHEMBIO DIAGNOSTICS, INC. [cemi] | | | | | | | | | | | olicable) | g Person(s) to | ssuer | |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--|---------------|----------|-----------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------|--------|------------------------------------------------------------------------|--------|-------------------------------------------------------------------------|-------|-------|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------|----------------|--|
| (Last) (First) (Middle) 1756 SE 9TH STREET | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/14/2008 | | | | | | | | | | Officer (give title below) | | Other below | (specify y) | |
| (Street) FORT LAUDER (City) | | | 33316 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | . Indiv ine) X | • | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| Date | | | | | Execution Oay/Year) if any | | xecution Date, Tr | | Code (| ransaction Disposed Of (D) (Ir | | | | | 5. Amount of Securities Beneficially Owned Follow Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | v | Amount | | (A) or (D) | Price | | Transaction(s) (Instr. 3 and 4) | | | (111341. 4) | | |
| Common Stock 03 | | | | | 03/14/2008 | | | | P | | 100,00 | 00 A \$ | | \$0.3 | 149 | 9 100,000 | | D | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | Derivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | Date, | Code (8) | Transaction of Code (Instr. Deriv | | ative rities ired osed . 3, 4 | 6. Date Expiration (Month/L | on Dat | Securities Underlyin Derivative Security (and 4) Al Or Ni Expiration | | ount of urities lerlying ivative urity (In 4) Am or Nui | ount | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

Gary Meller

03/14/2008

** Signature of Reporting Person

Date

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

- * 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.

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.