FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

1. Name and Address of Reporting Person* EPPNER GERALD A		2. Date of Event Requiring Statement (Month/Day/Year) 03/15/2005 3. Issuer Name and Ticker or Trading Symbol Chembio Diagnostics Inc. [CEMI]									
	CADWALADER, WICKERSHAM & TAFT				4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				5. If Amendment, Date of Original Filed (Month/Day/Year)		
ONE WORLD FINANCIAL CENTER		CENTER				Officer (give title below)	Other (spe below)	· ' I'	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person		
(Street) NEW YORK	NY	10281								y More than One	
(City)	(State)	(Zip)									
		7	able I - Non	-Derivati	ve Se	curities Beneficiall	y Owned				
1. Title of Securi	ty (Instr. 4)	1	able I - Non	2.	Amour	curities Beneficiall nt of Securities ally Owned (Instr. 4)	3. Ownersh Form: Direct or Indirect (Instr. 5)	ct (D) (I	Nature of Indirect	Beneficial Ownership	
1. Title of Securi	ty (Instr. 4)		Table II - D	2. Be	Amour eneficia Secu	nt of Securities	3. Ownersh Form: Direct or Indirect (Instr. 5)	ct (D) (I (I)		Beneficial Ownership	
Title of Securi Title of Deriva	,	(e. <u>(</u>	Table II - D	Derivative S, warrantisable and	Amour eneficia e Secu nts, op	nt of Securities ally Owned (Instr. 4) urities Beneficially (3. Ownersh Form: Direct or Indirect (Instr. 5) Owned securitie	ct (D) (I (I)	5. Ownership	6. Nature of Indirect Beneficial Ownership (Instr. 5)	

Explanation of Responses:

No securities are beneficially owned.

<u>Gerald A. Eppner</u> <u>03/24/2005</u>

** 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.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5 (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).