FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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 <u>Esfandiari Javan</u> | | | | | | CHEMBIO DIAGNOSTICS, INC. [CEMI] | | | | | | | | | | eck all app Direc | ationship of Reporting (all applicable) Director | | 10% O | wner | |
|--|---|--|---|---------|---|--|--|--|--------------|--|-----|--------------------|--|------------------------|--|--|---|--------------------------------------|--|--|--|
| (Last) 3661 HC | (First) (Middle) HORSEBLOCK ROAD | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/30/2014 | | | | | | | | | | | | Officer (give title Other (specify below) Senior Vice President | | | | |
| (Street) MEDFORD NY 11763 (City) (State) (Zip) | | | | | 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | e) <mark>X</mark> Form Form | Form filed by One Reporting Person Form filed by More than One Reporting Ferson | | | | |
| | | Tak | ole I - Nor | n-Deriv | ativ | e Se | curit | ties Ac | quir | red, D | isp | osed o | f, o | r Ben | eficial | y Owne | d | | | | |
| Date | | | | | | | | eemed ition Date h/Day/Yea | , T | 3. Transact Code (In B) | | | | I (A) or . 3, 4 and | Benefic | ies cially Following | Forn (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | G | Code | , | Amount | | (A) or (D) | Price | Transa | ction(s) and 4) | ion(s) | | (| |
| Common Stock 04/30/ | | | | | | /2014 | | | | X | | 12,50 | 2,500 A S | | \$1.0 | 4 9 | 96,001 | | D | | |
| | | • | Table II - | | | | | | | | | sed of, onverti | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemee Execution I if any (Month/Day | Date, T | I. Fransa Code (3) | | of Deri Sec Acq (A) o Disp of (I | umber vative urities uired or oosed O) (Instr. and 5) | Expi | 6. Date Exercisable a Expiration Date (Month/Day/Year) | | | 7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership ct (Instr. 4) | |
| | | | | C | Code | v | (A) | (D) | Date Exer | e rcisable | | xpiration ate | Title | 1 | Amount or Number of Shares | | | | | | |
| Options to purchase common | \$1.04 | 04/30/2014 | | | X | | | 12,500 | 05/0 | 07/2009 | 0 | 5/07/2014 | | nmon ock | 12,500 | \$0 | 0 | | D | | |

Explanation of Responses:

Remarks:

/s/ Javan Esfandiari

05/02/2014

** Signature of Reporting Person

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.