FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 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

| 1. Name and Address of Reporting Person* Rossi Michael A. | | | | | | 2. Issuer Name and Ticker or Trading Symbol HARVARD BIOSCIENCE INC [HBIO] | | | | | | | | | eck all app Direc | , | | rson(s) to Is 10% O Other (| wner | |
|--|--|------|-------------|----------|---|---|--|--------|------------------------------|---------|--------------------------------------|--|----------------------|--------|--|--|--|---|---|--|
| (Last) (First) (Middle) C/O HARVARD BIOSCIENCE, INC. 84 OCTOBER HILL ROAD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/11/2022 | | | | | | | | | | belov | below) Chief Finar | | below) | opeony | |
| (Street) HOLLISTON MA 01746 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tabl | e I - No | n-Deriva | tive S | Secu | rities | Acq | uired | , Dis | posed of | , or | Bene | eficia | lly Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | Execution Date, | | | | | | es Acquired (A) Of (D) (Instr. 3, | | | Benefi | ties cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | Code | v | Amount | (A) | or | Price | Transa | ction(s) 3 and 4) | | | (111501. 4) | | | | |
| Common Stock 06/11/2 | | | | | 2022 | | | | F | | 6,325(1) |] | D | \$3.95 | 95 277,508(2) | | | D | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | |
| Derivative Conversion Date | | | Execution D | | on Date, Transac Code (In | | nstr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Expirat (Month | n/Day/Y | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | nstr. | 8. Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form: Direct (D) or Indirect (I) (Instr. | Ownership | Beneficial Ownership t (Instr. 4) | |

Explanation of Responses:

- 1. The shares were disposed of to satisfy the Reporting Person's tax withholding obligation in connection with a performance restricted stock unit award previously granted to the Reporting Person that vested in part on June 11, 2022.
- 2. Include (a) 31,021 restricted stock units that will vest in three equal installments on December 29, 2022, 2023 and 2024, (b) 21,545 remaining restricted stock units that will vest on June 11, 2023, (c) 25,641 restricted stock units that will vest in two equal installments on December 29, 2022 and 2023, (d) 65,592 restricted stock units with performance based vesting conditions, (e) 23,878 remaining restricted stock units that will vest on July 18, 2022, (f) 21,545 remaining restricted stock units that will vest on December 29, 2022 and 2023, and (g) 88,286 shares of common stock beneficially owned by the Reporting Person.

/s/ Michael A. Rossi

06/14/2022

** 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.