FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* Green James W (Last) (First) (Middle)						Issuer Name and Ticker or Trading Symbol HARVARD BIOSCIENCE INC [HBIO] Just of Earliest Transaction (Month/Day/Year) 01/02/2019									5. Relationship of Reporti (Check all applicable) X Director Officer (give title below)			10% (Owner (specify	
C/O HARVARD BIOSCIENCE, INC. 84 OCTOBER HILL ROAD (Street) HOLLISTON MA 01746 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)									ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transactic Date (Month/Day)					ction	ion 2A. Deemed Execution Date,			3. Transa Code (ction	4. Securitie Disposed C	red (A) o	5. Amount of and Securities Beneficially Owned Follo		ınt of es ially Following	Form:	Direct Indirect tr. 4)	7. Nature of Indirect Beneficial Ownership		
Common Stock 01/02/20					2019	019			Code	v	Amount 21,100 ⁽¹⁾	(A) (D)		0.00	Reported Transaction(s) (Instr. 3 and 4)]	D	(Instr. 4)	
Common Stock															2,000			I	by James W Green Revocable Trust	
	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)	tive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any				4. Transaction Code (Instr. 8)				6. Date Expirati (Month)	ion Da		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		De Se (In	Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4)	y O F- D O (I)	0. ownership orm: birect (D) r Indirect) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amour or Number of Shares	er						

Explanation of Responses:

1. Represents a deferred stock award of 21,100 restricted stock units which vest quarterly in equal installments on March 31, 2019, June 30, 2019, September 30, 2019 and December 31, 2019, and are subject to continued service as a non-employee director on the applicable vesting dates. These retainer awards are granted in satisfaction of the annual retainer compensation to be earned by the director for his service on the Issuer's Board of Directors and its Committees during 2019. The number of shares of common stock subject to such retainer award is equal to the amount of cash that would have been received had the retainers all been paid in cash, divided by the average daily closing market price of the Issuer's common stock for the month of November, rounded to the nearest 100 shares.

2. Includes (a) a deferred stock award of 21,100 restricted stock units which vest quarterly in equal installments on March 31, 2019, June 30, 2019, September 30, 2019 and December 31, 2019; a (b) deferred stock award of 18,100 restricted stock units which fully vest on the earlier of (i) the date of the Issuer's next Annual Meeting of Stockholders after May 17, 2018, immediately prior to the commencement of such meeting, and (ii) May 17, 2019; and (c) 136,087 shares of common stock held by the Reporting Person.

Remarks:

This form has been signed under power of attorney.

/s/ Chad Porter, by power of attorney

01/03/2019

** 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.