FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

	Check this box if no longer subject to									
١	Section 16. Form 4 or Form 5									
ı	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

1. Name and Address of Reporting Person* HSO LIMITED PARTNERSHIP							2. Issuer Name and Ticker or Trading Symbol HARVARD BIOSCIENCE INC [HBIO]									hip of Reportir pplicable) ector	ng Pers	(10% C	wner	
(Last) (First) (Middle) THE CAYMAN CORPORATE CENTRE, 4TH FLOOR 27 HOSPITAL ROAD					3. Date of Earliest Transaction (Month/Day/Year) 12/29/2006										ficer (give title low)		Other (below)	(specify		
(Street) GEORGETOWN, GRAND E9 00000 CAYMAN (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)									ine) X Fo	′				
		Tabl	e I - No	n-Deriv	ative	Se	curitie	s Ac	quired,	Dis	posed o	f, or	Ben	efici	ally Ow	ned				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						Execution Date			3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4)						d 5) Sed Ber Ow	mount of urities eficially ned Following orted	Form (D) o	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A	N) or O)	Price	Trai	saction(s) tr. 3 and 4)			(
Common	/2006	2006			P		84		A	\$5.0	278	3,306,921		D						
Common Stock 12/29/2									P		3,342		A	\$5.0	422	3,310,263		D		
Common Stock 12/29/2						2006			P		3,230	3,230 A \$		\$5.0	794	3,313,493		D		
		Та									sed of, onvertib				y Owne	d				
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execurity or Exercise (Month/Day/Year) if any		3A. Deen Executio if any (Month/D	n Date, Transact Code (In:			of Deriv Secu Acqu (A) o Disp	r osed) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amount or Numbe of Title Shares		nstr. 3	8. Price of Derivativ Security (Instr. 5)		F D O (I	LO. Dwnership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Explanation of Responses:

/s/ HSO Limited Partnership,
by Skystone Advisors LLC,
Investment Member of the
Capacial Partner by Korry

<u>General Partner, by Kerry</u> <u>Nelson, Managing Member</u>

** 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.