FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | S IN BENEFI | CIAL OWNE | RSHIP |
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| | OMB APPROVAL | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| l | Estimated average burden | | | | | | | | |
| l | hours per response: | 0.5 | | | | | | | |

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

| Name and Address of Reporting Person* Eade Katherine A. | | | | | 2. Issuer Name and Ticker or Trading Symbol HARVARD BIOSCIENCE INC [HBIO] | | | | | | | | | | all app | olicable) ctor | | Person(s) to Issuer | | |
|--|--|--------|----------|-------------------------------|---|---|--|-------|------------------|---|--------------------|-------|-----------------|---|---|---|-----------------------|--|-------------------|----------|
| (Last) (First) (Middle) C/O HARVARD BIOSCIENCE, INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/09/2019 | | | | | | | | | | Office below | er (give title w) | | Other (below) | (specify |
| 84 OCTOBER HILL RD. | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) HOLLISTON MA 01746 | | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (S | ate) (| Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Sec | curitie | s Acc | uired, | Dis | posed o | f, or | Ben | eficia | ally | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Execution Date, | | | | ties Acquired (A) I Of (D) (Instr. 3, 4 | | | and Sed Bei | | ount of ities icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount (A) (D) | | (A) or (D) | Price | Trans | | action(s) 3 and 4) | | | (1130.4) |
| Common Stock 08/09/2 | | | | | /2019 | 2019 P 39,915 A S | | \$2.4 | 476 | 6 121,515 ⁽¹⁾ | | D | | | | | | | | |
| | 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) 2. Conversion or Exercise Price of Derivative Security (Instr. 3) 3. Transaction Date (Month/Day/Year) 3. Transaction Date (if any (Month/Day/Year) | | | Date, | 4. Transa Code (I 8) | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | Deri Secu | erivative ecurity nstr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | : t (D) lirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nur of | ount nber ires | | | | | | |

Explanation of Responses:

1. Includes (a) a deferred stock award of 1,100 restricted stock units which vest quarterly in equal installments on September 30, 2019 and December 31, 2019 as described in footnote 1 above; (b) a deferred stock award of 35,100 restricted stock units which fully vest on the earlier of (i) the date of the Issuer's next Annual Meeting of Stockholders after May 16, 2019, immediately prior to the commencement of such meeting, and (ii) May 23, 2020; (c) a deferred stock award of 6,350 restricted stock units which vest quarterly in equal installments on September 30, 2019 and December 31, 2019; and (d) 78,965 shares of common stock beneficially owned by the Reporting Person.

Remarks:

This form has been signed under power of attorney.

/s/ Chad Porter, by power of attorney 08/12/2019

** 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.