(Street) **BOSTON**

MA

02110

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

subject to	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: Estimated average burden 0.5

7. Nature of Indirect Beneficial Ownership (Instr. 4)

footnote 1(1) see

footnote 1(1)

footnote 1(1)

11. Nature of Indirect Beneficial

Ownership (Instr. 4)

Section obliga	this box if no loon 16. Form 4 or tions may contirction 1(b).	Form 5	STA		ed purs	uant t	to Secti	ion 16(a)	of the S	ecurit	NEFICIA ies Exchanç mpany Act	ge Act	of 1934		HIP			nber: d average burd response:	3235-028 den 0
1. Name and Address of Reporting Person* Skystone Advisors LLC				2. Issuer Name and Ticker or Trading Symbol HARVARD BIOSCIENCE INC [HBIO]									5. Relationship of R (Check all applicabl Director			Reporting Person(s) to Issuer le) X 10% Owner			
(Last) (First) (Middle) TWO INTERNATIONAL PLACE, SUITE 1800					3. Date of Earliest Transaction (Month/Day/Year) 07/21/2006									Officer (give title Other (specify below) below)					
(Street)	(Street) BOSTON MA 02110				- 4. lí -	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person				
(City)	(St		(Zip)	n Daniu						Dia		£ I	D = 10 = 1	<u> </u>	. 0				
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				action	2/ E:	2A. Deemed Execution Date, f any Month/Day/Year)		3. Transaction Code (Instr.			es Acqı	uired (A		or 5. Amount Securities Beneficiall Owned Fol		ly (I	. Ownership orm: Direct D) or Indirect) (Instr. 4)	7. Nature of Indired Beneficia Ownersh	
									Code	v	Amount	(A) (D)	or P	rice	ce Reported Transaction(s (Instr. 3 and 4		}		(Instr. 4)
Common	Common Stock			07/21	/21/2006				P		2,935	1	A \$	4.2493	3,705,515		5	I	see footnot 1 ⁽¹⁾
Common	Common Stock 07/2				/2006	2006					8,808		A	\$4.25	3,714,323		3	I	see footno 1 ⁽¹⁾
Common	Common Stock 07/25/2			/2006	2006				Р		1	A	\$4.25	.25 3,714,62.		3	I	see footnot 1 ⁽¹⁾	
		Ta									sed of, onvertib				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deen Executio if any (Month/D	ned n Date,	4. Transaction Code (Instr. 8)		5. Number of		6. Date Exercis Expiration Dat (Month/Day/Ye		sable and	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. I De Se (In:	Price of rivative curity str. 5)	ive derivative y Securities		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Natur of Indire Beneficia Ownersh (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amou or Numb of Share	oer					
Skysto (Last)	ne Adviso	Reporting Person* Ors LLC (First) ONAL PLACE, S	(Mid	,		_	•			,		,	•	,		,		,	
(Street)	N	MA	021	10															
(City)		(State)	(Zip))		-													
1. Name a Nelson		Reporting Person*																	
(Last)		(First)		ldle)		_													

(City)	(State)	(Zip)	
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Explanation of Responses:

1. Shares reported herein represent shares held by HSO Limited Partnership and HSE Master Fund Limited Partnership. Skystone Advisors LLC is the investment member of the general partner of HSO Limited Partnership and the general partner of HSE Master Fund Limited Partnership. Ms. Nelson is the managing member of Skystone Advisors LLC. Each of Ms. Nelson and Skystone Advisors LLC disclaims beneficial ownership of the shares reported herein, except to the extent of its or her pecuniary interest therein, and the inclusion of the shares reported herein shall not be deemed an admission of beneficial ownership of such shares for purposes of Section 16 or for any other purpose.

/s/ Skystone Advisors LLC by

07/25/2006 Kerry Nelson, Managing

Member

/s/ Kerry Nelson 07/25/2006 ** 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.