### FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average I	nurden							

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 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

hours per response: 0.5

Name and Address of Reporting Person*     Gagnon Robert E.			2. Issuer Name and Ticker or Trading Symbol HARVARD BIOSCIENCE INC [ HBIO ]								Check	all app	p of Reportir blicable) ctor er (give title	ng Perso	10% C					
(Last) (First) (Middle) C/O HARVARD BIOSCIENCE, INC. 84 OCTOBER HILL ROAD					3. Date of Earliest Transaction (Month/Day/Year) 08/29/2018									X	belov		ncial (	below)		
(Street) HOLLISTON MA 01746  (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								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 - Nor	า-Deriva	ative	Sec	curitie	s Acc	uired,	Dis	posed o	of, o	r Ben	efici	ally (	Owne	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Execution Date,		Code (	Transaction Disposed Of Code (Instr. 5)			ies Acquired (A) Of (D) (Instr. 3, 4		4 and Secu		cially I Following	Form:	nership Direct Indirect tr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount		(A) or (D)	Price	.	Transaction(s) (Instr. 3 and 4)				(111501.4)	
Common Stock 08/29					9/2018				S		8,889	)	D	\$5.77		7 321,169 <sup>(1)</sup>			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  2. (Month/Day/Year)  3. Transaction Date (Month/Day/Year)  6 Derivative Security  3. Transaction Date (Month/Day/Year)  6 Month/Day/Year)		ay/Year)	4. Transaction Code (Instr. 8)		5. Nun of Derive Secun Acqui (A) or Dispo of (D) (Instr. and 5	ative rities ired sed 3, 4	6. Date Exercisable Expiration Date (Month/Day/Year)  Date Expirable Date		e ar)	Amount of Securities Underlying Derivative Security (Instr. and 4)		ount nber	nt er		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ov Fo Dii or (I)	vnership rm: rect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

#### **Explanation of Responses:**

1. Includes (a) a deferred stock award of 40,000 restricted stock units with performance based vesting conditions, which shall vest in three equal installments on May 24, 2019, May 24, 2020 and May 24, 2021, contingent upon achievement of a performance condition tied to relative total shareholder return; (b) a deferred stock award of 40,000 restricted stock units which vest in four equal installments on January 1, 2019, 2020, 2021 and 2022; (c) a deferred stock award of 81,522 restricted stock units which shall vest in three equal installments on January 1, 2019, 2020 and 2021; (d) a deferred stock award of 108,696 restricted stock units which shall vest in full on May 25, 2019; (e) a deferred stock award of 44,326 restricted stock units which shall vest in two equal installments on January 1, 2019 and 2020; and (f) a deferred stock award of 6,625 restricted stock units which shall vest in full on January 1, 2019.

## Remarks:

This form has been signed under power of attorney.

/s/ Chad Porter, by power of 08/30/2018 attornev

\*\* 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.