FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| vvasimigton | , D.O. 20040 | |
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| OMB APPROVAL | | | | | | | | | | | |
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| OMB Number: | | | 3235-0287 | | | | | | | | |
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| | 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

Estimated average burden 0.5 hours per response:

| 1. Name and Address of Reporting Person* EDRICK ALAN I | | | | | | 2. Issuer Name and Ticker or Trading Symbol HARVARD BIOSCIENCE INC [HBIO] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|--|--|---------------------|---|---------|-----|--|--|--------------------------------|--|----------------------------|-----------------------------------|---|---|---|---|---|--------------------------------|--------------|--|
| EDRICK ALAIN I | | | | | | [| | | | | | | | X | Director | | | 10% Ov | · |
| (Last) (First) (Middle) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/10/2019 | | | | | | | | Officer (below) | give title | | Other (s below) | pecify | |
| C/O HARVARD BIOSCIENCE | | | | | | | | | | | | | | | | | | | |
| 84 OCTOBER HILL ROAD | | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (0: 1) | | | | , | | and the state of original rinea (morning ay) real) | | | | | | | | Line) | | | | | |
| (Street) | CTON | VΔΛ | 01746 | | | | | | | | | | | X | | , | | rting Persor | |
| HOLLILSTON MA 01746 | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | | (State) | (Zip) | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | | Execution Date, | | Code (Instr. | | red (A) or str. 3, 4 ar | Securitie Beneficia Owned F | | lly | Form: | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount (A) or (D) | | or Price | • | Reported Transaction(s) (Instr. 3 and 4) | | | | Instr. 4) |
| | | | Table II - | | | | | | uired, D , option | | | | | | vned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | se (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Yea | Code (I | | saction e (Instr. Securiti Acquire or Dispo of (D) (Ir 3, 4 and | | e s I (A) sed str. | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4) | | D S | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported | Owners Form: Direct (or Indir | Ownership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Co | ode | v | (A) | | Date Exercisabl | | xpiration ate | Title | Amount or Number of Share | | | Transaction(s) (Instr. 4) | ion(s) | | |
| Non- Qualified Stock Option (right to | \$2.92 | 09/10/2019 | | | A | | 101,800 | | (1) | 0 | 9/10/2029 | Common Stock, par value \$0.01 per share | 101,80 | 00 | \$0.00 | 101,80 | 00 | D | |

Explanation of Responses:

 $1. \ The \ options \ vest \ in \ three \ equal \ installments \ on \ September \ 10, \ 2020, \ 2021 \ and \ 2022.$

Remarks:

This form has been signed under power of attorney.

/s/ Chad Porter, by power of attorney

09/11/2019

** 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.