FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington.	D.C. 2	0549	

**OMB APPROVAL** 87

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287
	Estimated average bur	rden
Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934	hours per response:	0.5
or Section 30(h) of the Investment Company Act of 1940		

Name and Address of Reporting Person*     Cote Jennifer				2. Issuer Name and Ticker or Trading Symbol HARVARD BIOSCIENCE INC [ HBIO ]								(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify						
(Last) (First) (Middle) C/O HARVARD BIOSCIENCE, INC. 84 OCTOBER HILL ROAD					3. Date of Earliest Transaction (Month/Day/Year) 12/29/2024									Officer (give title Other (specify below)  Chief Financial Officer					
(Street) HOLLISTON MA 01746  (City) (State) (Zip)						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  Form filed by More than One Reporting Person  Person				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day					action 2A. Deemed Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			(A) or	A) or 5. Amount of		6. Ownership Form: Direct (D) or Indirect g (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code V	v	Amount 4.731 <sup>(1)</sup>	(A) or (D)	-	Price \$1.98	Transaction(s) (Instr. 3 and 4)		D		(111511. 4)
Common Stock 12/29/2						F		3,797 <sup>(1)</sup>	Ι	)	\$1.98	160,210 <sup>(2)</sup>			D				
		Tal	ble II -	Derivati (e.g., ρι	ve Se its, ca	ecurit alls, v	ties <i>l</i> varra	Acqui ants,	ired, C option	)ispo 1s, c	osed of, o	or Be le se	nef curi	icially ties)	Owne	d			
Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date Ex (Month/Day/Year) if	if any	emed on Date, (Day/Year)	4. Transaction Code (Instr. 8)		of Deriv	r osed ) r. 3, 4	6. Date Exercis Expiration Dat (Month/Day/Ye		te	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Di Si (li	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficia Ownershi (Instr. 4)
			Code					Date Expira Exercisable Date		Expiration	Amo or Num of Title Shar								

## **Explanation of Responses:**

- 1. The shares were disposed of to satisfy the Reporting Person's tax withholding obligation in connection with restricted stock unit ("RSU") awards previously granted to the Reporting Person that vested in part on December 29, 2024.
- 2. Includes (a) 8,964 RSUs that will vest on December 29, 2025, (b) 35,800 RSUs that will vest in three equal installments on March 19, 2025, 2026 and 2027, (c) 35,800 RSUs with performance based vesting conditions tied to achievements by the Company of certain performance criteria, (d) 25,862 RSUs with performance based vesting conditions tied to relative total shareholder return and (e) 53,784 shares of common stock beneficially owned by the Reporting Person.

/s/ David Sirois, by power of attorney

12/31/2024

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.