BOSTON

Nelson Kerry

(City)

(Last)

(Street)
BOSTON

MA

(State)

(First)

TWO INTERNATIONAL PLACE, SUITE 1800

MA

1. Name and Address of Reporting Person^\star

C/O SKYSTONE ADVISORS LLC

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

washington, D.C. 2

OMB APPROVAL

OMB Number: 3235-0287 Estimated average burden 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

	(1)				or Se	ection	n 30(h)	of the I	nvestme	nt Co	mpany Act	of 19	40				-		,
1. Name and Address of Reporting Lesson						Issuer Name and Ticker or Trading Symbol IARVARD BIOSCIENCE INC [HBIO]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner				
(Last) (First) (Middle) TWO INTERNATIONAL PLACE, SUITE 1800						3. Date of Earliest Transaction (Month/Day/Year) 07/17/2006									Officer (give title Other (specify below) below)				
,	(Street) BOSTON MA 02110 (City) (State) (Zip)				4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person					
(Oity)	(0.			n-Deriv	ativo S		uritio		uuirad	Die	nosed o	of o	r Ron	ofic	ially	Own	ad		
Date				2. Transac	ction	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (Disposed Of (D) (Instr. 3		(A) o	r	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	0	A) or D)	Price	Э	Trans	action(s) 3 and 4)		(Instr. 4)
Common	Stock			07/17/	2006				P		7,131		A	\$4	.25	3,0	572,299	I(1)	see footnote 1 ⁽¹⁾
Common	ommon Stock (7/18/2006				P		28,429)	A	\$4.2	2499 3		700,728	I (1)	see footnote 1 ⁽¹⁾
Common Stock				07/19/2006					P		1,852		A	\$4.25		3,702,580		I (1)	see footnote 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. Deemed Execution Date, if any (Month/Day/Year)		4. Transactio Code (Inst 8)		5. Number on of		6. Date Exercis Expiration Dat (Month/Day/Ye		sable and	7. T Ame Sec Und Der Sec	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Pi Deri Seci (Inst		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code V	,	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nu of	nount mber ares					
	nd Address of ne Advisc	Reporting Person*																	
(Last) (First) (Middle) TWO INTERNATIONAL PLACE, SUITE 1800																			
(Street)						-													

02110

(Zip)

(Middle)

02110

(City)	(State)	(Zip)	
(9)	(=1111)	(

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

Kerry Nelson, Managing 07/19/2006

Member

<u>/s/ Kerry Nelson</u> 07/19/2006

** 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.