FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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

ENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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

1. Name and Address of Reporting Person* LOY BERTRAND						2. Issuer Name and Ticker or Trading Symbol HARVARD BIOSCIENCE INC [HBIO]										ationship of Reportin all applicable) Director		ng Person(s) to Issuer 10% Owner		
	RVARD BIO	rst) (DSCIENCE, INC		3. Date of Earliest Transaction (Month/Day/Year) 05/24/2018										Officer (give title below)		Othe belo	r (specify v)			
84 OCTOBER HILL RD. (Street)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
HOLLIS	TON M	Α ()1746		,									X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	ate) (Zip)																	
		Tabl	e I - No	n-Deriv	ative	Sec	curitie	s Acc	uired,	Dis	posed o	f, o	r Bene	eficia	lly C)wne	ed			
Date				2. Transa Date (Month/D		ur) E	2A. Deemed Execution Date, if any (Month/Day/Year)				Disposed	Securities Acquired (A) sposed Of (D) (Instr. 3, 4			d s	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									v	Amount		(A) or (D)	Price	- 11	Transaction(s) (Instr. 3 and 4)			(1130.4)		
Common Stock 05/24					/2018			A		18,100	(1)	A	\$0.00		135,850 ⁽²⁾		D			
		Та									sed of, onvertib				Ow	ned				
1. Title of Derivative Security (Instr. 3)	erivative curity nor Exercise nstr. 3) Price of Derivative Security Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year) Execution Date, if any (Month/Day/Year) North			Transa Code (8)	saction le (Instr. 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares		ount nber	nt er		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)		

Explanation of Responses:

- 1. Represents a deferred stock award of 18,100 restricted stock units which fully vest on the earlier to occur of (i) the date of the Issuer's next Annual Meeting of Stockholders after May 17, 2018, immediately prior to the commencement of such meeting, and (ii) May 24, 2019.
- 2. Includes (a) a deferred stock award of 18,100 restricted stock units which fully vest on the earlier of (i) the date of the Issuer's next Annual Meeting of Stockholders after May 17, 2018, immediately prior to 2. Includes (a) the restriction of such meeting, and (ii) May 17, 2019; (b) a deferred stock award of 11,250 restricted stock units which vest quarterly in equal installments on June 30, 2018, September 30, 2018 and December 31, 2018; and (c) 106,500 shares of common stock held by the Reporting Person.

Remarks:

This form has been signed under power of attorney.

/s/ Chad Porter, by power of 05/29/2018 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.