FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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Check this box if no longer subject	STATEMENT OF CHA
to Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(h)	Eilad nurquant to Sac

## ANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** 3235-0287 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*  EDRICK ALAN I					2. Issuer Name and Ticker or Trading Symbol HARVARD BIOSCIENCE INC [ HBIO ]									k all app	,		rson(s) to I		
(Last)	`	oscience	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 07/01/2020									Office below	cer (give title w)		Other ( below)	specify
84 OCTOBER HILL ROAD						4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) HOLLIL	STON M	Α 0	1746											X		filed by On		•	
(City)	(S	tate) (2	Zip)			Person													
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Benef	iciall	y Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da				Execution Date			Date,	3. Transaction Code (Instr. 8) 4. Securit Disposed 5)				, 4 and Securit Benefi		ties cially Following	Form (D) o	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) (D)	or Pi	rice	Transa	ction(s) 3 and 4)			(Instr. 4)
Common Stock 07/01/2				2020			A		4,000(1)	A	1 \$	60.00	99,600(2)			D			
		Tal									osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Executi if any	onth/Day/Year)		ansaction of ode (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Exercisable Date		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		nt er		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

## **Explanation of Responses:**

1. Represents an award of 4,000 restricted stock units that vests in two equal installments on each of September 30, 2020 and December 31, 2020. This retainer award was granted in lieu and satisfaction of the annual cash retainer compensation to be earned by the director in connection with his service as chairman of the Audit Committee of the Issuer's Board of Directors, which service commenced on June 11, 2020. The number of shares of common stock subject to such retainer award is equal to the amount of cash that would have been received had the applicable retainer all been paid in cash on a prorated basis, divided by the average daily closing market price of the Issuer's common stock for the month of April, rounded to the nearest 100 shares.

2. Includes (a) the award described in footnote (1) above, (b) an award of 28,100 restricted stock units vesting on the earlier to occur of (i) the date of the Issuer's next Annual Meeting of Stockholders or (ii) June 18, 2021, (c) an award of 7,850 remaining unvested restricted stock units vesting in equal quarterly installments on September 30, 2020 and December 31, 2020, and (d) 59,650 shares of common stock held by the Reporting Person.

## Remarks:

This form has been signed under power of attorney.

/s/ David Sirois, by power of 07/02/2020 <u>attorney</u>

\*\* Signature of Reporting Person

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.