FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | |
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| 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 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* <u>HARTE NEAL J</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol HARVARD BIOSCIENCE INC [HBIO] | | | | | | | | | | | ationship of Reporting all applicable) Director | | ng Pe | g Person(s) to Issuer 10% Owner | | |
|--|--|---------|---------|--------|---|--|-----|-----------|-----------------------------------|-----------------------------|---|--------------------|-----------------------------|--------|------------------|---|---|------------------------------|--|--|--|--|
| (Last) UNIT # 1 | • | irst) (| Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 06/04/2015 | | | | | | | | | | | | | Officer (give title below) | | Other below) | (specify | |
| 83 CHURCH STREET | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) WINCHESTER MA 01890 | | | | | - | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | ?) | | Zip) | | | | | | | -1 5 | | | | | - 6 : - : | - 11 | | | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | action | ar) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Tra | 3. Transaction Code (Instr. | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | (A) or | - | 5. Amo Securi Benefi | nount of rities ficially | | Ownership m: Direct or Indirect Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Cod | de V | | Amount | (A) or (D) | | Price | • | Reported Transaction(s) (Instr. 3 and 4) | | , (| | (Instr. 4) | |
| Common Stock 0 | | | | | 06/04/2015 | | | | | | | 14,400 | 00 A | | \$0. | 0.00 | | 85,410(1) | | D | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | Derivative Security Price of Derivative Security Oerivative Security Date (Month/Day/Year) (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year) 8 | | | | | Transaction Code (Instr. | | of | | e Exer ation C h/Day/ | ate | | Amount of | | | nt | | ive derivative Securities | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exerc | | | Expiration Date | Numbe of Title Shares | | | | | | | | | |

Explanation of Responses:

1. Includes (a) a deferred stock award of 14,400 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 June 4, 2015, immediately prior to the commencement of such meeting, and (ii) June 4, 2016; and (b) 71,010 shares of common stock held by the Reporting Person.

Remarks:

This form is signed under power of attorney.

<u>/s/ Neal J. Harte</u> <u>06/08/2015</u>

** 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.