FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
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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* KENNEDY JOHN F				2. Issuer Name and Ticker or Trading Symbol HARVARD BIOSCIENCE INC [HBIO]									tionship of Reportin all applicable) Director		10% Ov		wner			
(Last) (First) (Middle) C/O HARVARD BIOSCIENCE, INC.					3. Date of Earliest Transaction (Month/Day/Year) 01/02/2019										Office	fficer (give title elow)		Other (specify below)		
84 OCTOBER HILL ROAD				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street) HOLLIS	TON M	Α ()1746										X	Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(SI	ate) (Zip)																	
		Tabl	e I - No	n-Deriva	ative	Sec	uritie	s Acc	uired,	Dis	posed o	f, oı	r Bene	efici	ally C	Owne	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquirities Acquirit					Beneficially Owned Followi		6. Owne Form: D (D) or In (I) (Instr	irect direct	ct of Indirect ect Beneficial				
							Code	v	Amount		(A) or (D)	Price	. 1	Reported Transaction(s) (Instr. 3 and 4)				(111511.4)		
Common	Stock			01/02/	2019				A		17,700	(1)	A	\$0	280,493 ⁽²⁾		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 Conversion Date Execution Date, Generally or Exercise (Month/Day/Year) if any			saction of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		ount	nt		9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)					
			Code	code V (A) (D			Date Exercisa		Expiration Date	Num of Title Shar										

Explanation of Responses:

1. Represents a deferred stock award of 17,700 restricted stock units which vest quarterly in equal installments on March 31, 2019, June 30, 2019, September 30, 2019 and December 31, 2019, and are subject to continued service as a non-employee director on the applicable vesting dates. These retainer awards are granted in satisfaction of the annual retainer compensation to be earned by the director for his service on the Issuer's Board of Directors and its Committees during 2019. 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 retainers all been paid in cash, divided by the average daily closing market price of the Issuer's common stock for the month of November, rounded to the nearest 100 shares.

2. Includes (a) a deferred stock award of 17,700 restricted stock units which vest quarterly in equal installments on March 31, 2019, June 30, 2019, September 30, 2019 and December 31, 2019; a (b) 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 the commencement of such meeting, and (ii) May 17, 2019; and (c) 244,693 shares of common stock held by the Reporting Person.

Remarks:

This form has been signed under power of attorney.

<u>/s/ Chad Porter, by power of attorney</u>

01/03/2019

** 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.