

# HARVARD BIOSCIENCE INC

Reported by  
**EADE KATHERINE A.**

## FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 11/01/17 for the Period Ending 10/30/17

|             |  |
|-------------|--|
| Address     | 84 OCTOBER HILL RD<br>HOLLISTON, MA, 01746 |
| Telephone   | 5088938999                                 |
| CIK         | 0001123494                                 |
| Symbol      | HBIO                                       |
| SIC Code    | 3826 - Laboratory Analytical Instruments   |
| Industry    | Advanced Medical Equipment & Technology    |
| Sector      | Healthcare                                 |
| Fiscal Year | 12/31                                      |

# FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 * |         | 2. Issuer Name and Ticker or Trading Symbol |   | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)         |  |
| <b>Eade Katherine A.</b>                  |         | <b>HARVARD BIOSCIENCE INC [ HBIO ]</b>      |   | <input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner |  |
| (Last)                                    | (First) | (Middle)                                    | 3. Date of Earliest Transaction (MM/DD/YYYY)      |   | <input type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) |
| <b>84 OCTOBER HILL RD.</b>                |         |   | <b>10/30/2017</b>                                 |   |  |
| (Street)                                  |         |   | 4. If Amendment, Date Original Filed (MM/DD/YYYY) |   | 6. Individual or Joint/Group Filing (Check Applicable Line)  |
| <b>HOLLISTON, MA 01746</b>                |         |   |   |   | <input checked="" type="checkbox"/> Form filed by One Reporting Person                             |
| (City)                                    | (State) | (Zip)                                       |   |   | <input type="checkbox"/> Form filed by More than One Reporting Person                              |

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

| 1. Title of Security (Instr. 3) | 2. Trans. Date | 2A. Deemed Execution Date, if any | 3. Trans. Code (Instr. 8) |   | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |            |        | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|----------------|-----------------------------------|---------------------------|---|---|------------|--------|---|--|---|
|                                 |                |                                   | Code                      | V | Amount  | (A) or (D) | Price  |   |  |   |
| Common Stock                    | 11/1/2017      |                                   | A                         |   | 2300<br>(1)   | A          | \$0.00 | 2300 (2)  | D  |   |

**Table II - Derivative Securities Beneficially Owned ( e.g. , puts, calls, warrants, options, convertible securities)**

| 1. Title of Derivate Security (Instr. 3)  | 2. Conversion or Exercise Price of Derivative Security | 3. Trans. Date | 3A. Deemed Execution Date, if any | 4. Trans. Code (Instr. 8) |   | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |     | 6. Date Exercisable and Expiration Date |                 | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) |                            | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|--|----------------|-----------------------------------|---------------------------|---|--|-----|---|-----------------|---|----------------------------|--|--|--|--|
|   |  |                |                                   | Code                      | V | (A)  | (D) | Date Exercisable                        | Expiration Date | Title   | Amount or Number of Shares |  |  |  |  |
| Non-Qualified Stock Option (right to buy) | \$3.33   | 10/30/2017     |                                   | A                         |   | 87600  |     | (3)                                     | 10/30/2027      | Common Stock, par value \$0.01 per share  | 87600                      | \$0.00                                     | 87600  | D  |  |

### Explanation of Responses:

- Represents a deferred stock award of 2,300 restricted stock units which vests on December 31, 2017. This retainer award was granted in lieu and satisfaction of the annual cash retainer compensation to be earned by the director for her service on the board and a committee of the Issuer's Board of Directors. 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, divided by the average daily closing market price of the Issuer's common stock for the month of August, rounded to the nearest 100 shares.
- Includes a deferred stock award of 2,300 restricted stock units which vests on December 31, 2017.
- The options vest in three equal installments on October 30, 2018, 2019 and 2020.

### Remarks:

This form has been signed under power of attorney.

### Reporting Owners

| Reporting Owner Name / Address   | Relationships |           |         |       |
|--|---------------|-----------|---------|-------|
|  | Director      | 10% Owner | Officer | Other |
| <b>Eade Katherine A.</b><br><b>84 OCTOBER HILL RD.</b><br><b>HOLLISTON, MA 01746</b> | X             |           |         |       |

### Signatures

/s/ Chad Porter, by power of attorney

11/1/2017

\*\* 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 control number.