Edgar Filing: LOY BERTRAND - Form 4

LOY BERTR Form 4											
January 03, 2 FORM	4 UNITE	D STATES		ITIES A hington,			IGE C	COMMISSION		PPROVAL 3235-0287	
LOY BERTRAND Syr HA				2. Issuer Name and Ticker or Trading ymbol HARVARD BIOSCIENCE INC HBIO]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
	(First) ARD BIOSCIE TOBER HILL		3. Date of (Month/D 01/02/20	-	ansaction			X Director Officer (give below)		• Owner er (specify	
				endment, Date Original nth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction E (Month/Day/Yea	ar) Executio any	med	3. Transactic Code	4. Securit on(A) or Div (D) (Instr. 3, 4)	ies Ac sposed	quired of	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	
Common Stock	01/02/2019			А	14,000 (1)	А	\$0	149,850 <u>(2)</u>	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date		Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationsh	nips				
	Director	10% Owner	Officer	Other			
LOY BERTRAND C/O HARVARD BIOSCIENCE, INC. 84 OCTOBER HILL RD. HOLLISTON, MA 01746	Х						
Signatures							
/s/ Chad Porter, by power of attorney	01/03/	/2019					
**Signature of Reporting Person	Dat	te					
Explanation of Responses:							

* 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).

Represents a deferred stock award of 14,000 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 (1) 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.

Includes (a) a deferred stock award of 14,000 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

(2) 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) 117,750 shares of common stock held by the Reporting Person.

Remarks:

This form has been signed under power of attorney.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.