

OMB APPROVAL	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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>Skystone Advisors LLC</u> (Last) (First) (Middle) <u>TWO INTERNATIONAL PLACE</u> <u>SUITE 1800</u> (Street) <u>BOSTON MA 02110</u> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>HARVARD BIOSCIENCE INC [HBIO]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) <u>04/01/2009</u>	
4. If Amendment, Date of Original Filed (Month/Day/Year)		

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction 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 Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	04/01/2009		J ⁽¹⁾		2,746,988 ⁽¹⁾	D ⁽¹⁾	\$0 ⁽¹⁾	997,831	I	See Footnote ⁽¹⁾

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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		6. Date Exercisable and Expiration Date (Month/Day/Year)		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: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)					

1. Name and Address of Reporting Person*
Skystone Advisors LLC
 (Last) (First) (Middle)
TWO INTERNATIONAL PLACE
SUITE 1800
 (Street)
BOSTON MA 02110
 (City) (State) (Zip)

1. Name and Address of Reporting Person*
Nelson Kerry
 (Last) (First) (Middle)
C/O SKYSTONE CAPITAL MANAGEMENT LP
TWO INTERNATIONAL PLACE, SUITE 1800
 (Street)
BOSTON MA 02110
 (City) (State) (Zip)

Explanation of Responses:

1. Shares reported herein represent shares held by HSE Master Fund Limited Partnership, for which Skystone Advisors LLC ("Skystone") serves as general partner. Ms. Nelson is the managing member of Skystone. Prior to April 1, 2009, Skystone also served as the investment member of the general partner of HSO Limited Partnership ("HSO"), and Skystone and Ms. Nelson previously also reported indirect beneficial interest in 2,746,988 shares held by HSO. As of April 1, 2009, neither Skystone nor Ms. Nelson holds any beneficial interest in any shares held by HSO. Each of Ms. Nelson and Skystone disclaims beneficial ownership of the shares reported herein, except the extent of her or its pecuniary interest therein, and the inclusion of the shares reported herein shall not be deemed an admission of beneficial ownership of such shares for purposes of Section 16 or for any other purpose.

/s/ Skystone Advisors LLC, by Kerry Nelson, Managing Member

/s/ Kerry Nelson

04/10/2009

** 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.