FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

OWIB APPROVAL									
OMB Number:	3235-0287								
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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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

1(c). Se	ee Instruction	10.																		
1. Name and Address of Reporting Person*  Green James W						2. Issuer Name <b>and</b> Ticker or Trading Symbol HARVARD BIOSCIENCE INC [ HBIO ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Officer :	raines vv										-		-		✓ Direct			10% Ov		
4 0									-	Office below	er (give title		Other (s	pecify						
(Last)	3. Date of Earliest Transaction (Month/Day/Year) 12/31/2024								Chief Executive Officer											
C/O HARVARD BIOSCIENCE, INC.						12/31/2021										21101 23100				
84 OCTOBER HILL ROAD														-						
						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) HOLLISTON MA 01746															Form filed by One Reporting Person					
HOLLIS	TON IV.	IA 0	11/40											Form filed by More than One Reporting						
(City)	(0	tota) (7	<b>7</b> :\												Pers	on				
(City)	(5	tate) (Z	Zip)																	
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired	, Dis	posed of	, or	Bene	ficia	ally Own	ed				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day					Execution Date,			Date,	3. Transaction Code (Instr. 8) 4. Securities Acquired (Disposed Of (D) (Instr. 3 5)			, 4 and Secur Benef		cially d Following	Form:	: Direct   0 Indirect   I str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A (C	A) or D)	Price	Trans	action(s) . 3 and 4)				
Common Stock 12/31/2					2024		D		145,365(	1)	D	\$0	2,88	2,883,501(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)	/e   Conversion   Date   Execution Date, or Exercise   (Month/Day/Year)   if any			ion Date,	4. Transaction Code (Instr. 8)		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	rities ired sed	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		str.	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y C F D o (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amo or Num of Shar	ber						

## **Explanation of Responses:**

- 1. Represents forfeiture of performance-based restricted stock units ("RSUs") granted to the Reporting Person on March 1, 2022 based on the final determination of the applicable performance conditions.
- 2. Includes (a) 117,713 RSUs that will vest on December 29, 2025, (b) 214,797 RSUs that will vest in three equal installments on March 19, 2025, 2026 and 2027, (c) 554,407 RSUs with performance based vesting conditions and (d) 1,996,584 shares of common stock beneficially owned by the Reporting Person.

/s/ David Sirois, by power of attorney

01/03/2025

\*\* 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.