FORM 4

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

	8 /		
STATEMENT OF CH.	ANGES IN BENEFICIA	L OWNERSHIP OF SECU	RITIES

OMB APPROV	/AL
OMB Number:	3235-0287
Estimated average bur	den
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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Ty	pe Response	es)																
T						Issuer Name and Ticker or Trading Symbol ESSURE BIOSCIENCES INC [PBIO]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) 18 WINCHESTER DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 03/16/2017							X Officer (give title below) Other (specify below) VP of Research & Development					
(Street)				4. If Ar	4. If Amendment, Date Original Filed(Month/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						
LEXING (Cit	TON, MA	(State)		(Zip)		Table I - Non-Derivative Securities Acqui												
1 Title of S	Title of Security 2. Transaction				2A I	<u> </u>							5. Amount of Securities Beneficially 6. 7. Nature					
(Instr. 3)				Execution Date, if			Code (Inst	\ /		or Disposed of r. 3, 4 and 5)	Owned Followin Transaction(s) (Instr. 3 and 4)		ng Reported		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership		
1. Title of Derivative Security	Conversion or Exercise		//Year) E	A. Deemed xecution Date, if	4. Transac Code	uts,	5. Number Derivativ Securities	rant er of e	quired, Diss, options 6. Date E Expiratio	isposed , conve		cially (ies) 7. Titl of Un Secur	Owne le and derlyities	d Amount	8. Price of Derivative Security	9. Number of Derivative Securities	of 10. Owners Form of	
	(Month/Day		ny Month/Day/Year)			Securities Acquired (A) or Disposed of (D) (Instr. 3, 4,		(Month/I	th/Day/Year)		Secur (Instr.		d 4)	Security (Instr. 5)	Securities Beneficially Owned Following Reported		Ownersh (Instr. 4)	
							and 5)	٠,								Transaction(s)		
					Code	V	(A)	(D)	Date Exercisal	ole	Expiration Date	Title		Amount or Number of Shares		(Ilisti: 4)	(msu. 4	,
Non- Qualified Stock Options	\$ 0.28	03/16/2	017		A		150,000		04/16/20	017 <mark>(1</mark>)	03/16/2027	, Com Sto		150,000	\$ 0	150,000	D	
Repor	ting O	wners																
Reporting Owner Name / Address			Relationships															
Director 10% Own			r 10% Owner	Officer Other														

D (1 0 N /11)	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Lazarev Alexander V 18 WINCHESTER DRIVE LEXINGTON, MA 02420			VP of Research & Development					

Signatures

/s/ Alexander V Lazarev	03/20/2017
Signature of Reporting Person	Date

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).
- (1) Non-qualified options vest 1/36th per month for 36 months, effective on the day of grant

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.