FORM 4
--------

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

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

#### 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

(Print or Type Responses)											
1. Name and Address of Reporting Person – PETERSON JEFFREY N	I	2. Issuer Name <b>and</b> Ticker or Trading Symbol PRESSURE BIOSCIENCES INC [PBIO]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) (First) 110 WINCHESTER CT.		3. Date of Earliest Transaction (Month/Day/Year) 12/31/2015						Officer (give title below) Oth	er (specify below	v)	
(Street) FOSTER CITY, CA 94404	2	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			
(City) (State)	(Zip)	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 (Month/Day/Year) A. Transaction Code (Instr. 8)			(A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or		f(D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Direct (D) or Indirect (I)	Beneficial Ownership	
			Code	V	Amount	(D)	Price		(Instr. 4)		

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 SEC 1474 (9-02) 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)														
Security (Instr. 3)	Conversion	Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code	)		e (A) ed	6. Date Exercisa Expiration Date (Month/Day/Yea	7. Title and Amount of Underlying Securities		Derivative Security (Instr. 5)	Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form of Derivative Security: Direct (D) or Indirect (I)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)		Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Non- Qualified Stock Options	\$ 0.4	12/31/2015		А		194,000		01/31/2016 <mark>(1)</mark>	12/31/2025	Common Stock	194,000	\$ 0	194,000	D	
21 Month Common Stock Purchase Warrant	\$ 0.4	12/31/2015		А		50,000		12/31/2015 <sup>(2)</sup>	09/30/2017	Warrant	50,000	\$ 0	50,000	D	

## **Reporting Owners**

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
PETERSON JEFFREY N 110 WINCHESTER CT. FOSTER CITY, CA 94404	Х							

### Signatures

/s/ Jeffrey N Peterson	01/05/2016	
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 1/12th per month for 12 months, effective on the day of grant

(2) Warrant vests 100% 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.