FORM 4

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

OMB APPI	ROVAL				
DMB Number:	3235-0287				
Estimated average burden					
ours per respon	se 0.5				

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

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

(Finit of Ty	pe Response	(8)															
Name and Address of Reporting Person * Mangiardi Vito J				2. Issuer Name and Ticker or Trading Symbol PRESSURE BIOSCIENCES INC [PBIO]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
12 POIN	3. Date of Earliest Transaction (Month/Day/Year) 11/27/2018									r (give title belo		Other (specify	below	v)			
(Street) SAN RAFAEL, CA 94903				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)	Т	Table I - Non-Derivative Securities Acquired, Disp								posed of, or Beneficially Owned				
(Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, i any (Month/Day/Yea	, if	if Code (Instr. 8		(A) (D)	(A) or Disposed of		of	Beneficia Reported	Amount of Securities eneficially Owned Following eported Transaction(s) nstr. 3 and 4)			of Be Ov	Beneficial Ownership	
						Code	e	V Amo	unt	(A) or (D)	Price				or Indirec (I) (Instr. 4)	t (In	str. 4)
СОММО	N STOCK		11/27/2018		J 74		74			\$ 3.67	11,935			D			
Reminder: indirectly.	Report on a	separate line fo	r each class of secu	rities beneficially			P co th	ersons v ontained ne form d	in i	this for plays a	m arc	e not req ently valid	ection of ir uired to re d OMB cor	spond un	less	SEC	1474 (9- 02)
	1	1	`	g., puts, calls, v									1		_		1
Security	Conversion	3. Transaction Date (Month/Day/Y	Execution Data	4. Transactio Code (Instr. 8)	n of D So A (A D of (I	f	ve (es d	6. Date Ex and Expira (Month/Da	tion	Date	Ame Und Seco	title and ount of derlying urities tr. 3 and	Derivative Security (Instr. 5)	9. Number Derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	Owner Form of Deriva Securi Direct or Indi	of tive ty: (D) rect	11. Nature of Indirect Beneficial Ownershij (Instr. 4)
				Code V	7 (.	Α) (Ε	I	Date Exercisable		xpiration ate	1 Title	Amount or e Number of Shares					

Reporting Owners

Describer Occurs Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Mangiardi Vito J 12 POINT GALINAS ROAD SAN RAFAEL, CA 94903	X						

Signatures

/s/ Vito J. Mangiardi	11/28/2018
**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).

Remarks:

Dividend on Series AA Convertible Preferred Stock paid in shares of common stock.

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 nu	mber.