## FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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).

#### 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 Ty	pe Response	s)												
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					
(Last) (First) (Middle) 12 POINT GALLINAS ROAD			3. Date of Earliest Transaction (Month/Day/Year) 04/29/2022					Office	r (give title belo	ow)(	Other (specify b	pelow)		
(Street)				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					
	FAEL, CA													
(City	")	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
(Instr. 3) Dat		2. Transaction Date (Month/Day/Year)		Code (Instr. 8)		(A) or	4. Securities Acquired (A) or Disposed of (D (Instr. 3, 4 and 5)		Beneficially Owned Following Reported Transaction(s)		following (s)	6. Ownership Form:	Beneficial	
			(Month/Day/Year)	Code	e	V Amou	(A) or	Price	(Instr. 3 a	and 4)			Ownership (Instr. 4)	
Common	Stock		04/29/2022		J(1)	!	100	A	\$ 2.21	13,200			D	
				Derivative Securiti		the	ontained e form di Disposed	in this fo splays a of, or Be	orm ard curre	e not requently valid	OMB conf	ormation spond unleatrol number	ss	1474 (9-02)
1 77:41 . C	I <sub>2</sub>	2 75 4		e.g., puts, calls, wa							0 D : C	0.31 1	C 10	11.37.
Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Y	Year) Execution Da	te, if Transaction Code ('ear) (Instr. 8)	Number and		nd Expirati	Date Exercisable Expiration Date Onth/Day/Year)		itle and ount of derlying urities tr. 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownershi Form of Derivativ Security: Direct (D or Indirect	Beneficial Ownershi (Instr. 4)
				Code V	(A) (I	Ez	ate xercisable	Expiration Date	On Titl	Amount or e Number of Shares				

### **Reporting Owners**

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

### **Signatures**

/s/ Vito J. Mangiardi	05/03/2022
***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) Interest on 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 number.