FORM 4	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

1. Name and Address of Reporting Po VOGEL P THOMAS	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) 197 EIGHTH STREET, PH 225	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 05/31/2005						Officer (give title below)	Other (specify b	elow)
(Street) CHARLESTOWN, MA 02129	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)	Tab	le I - Non-	Deri	vative Se	curities	Acqui	ired, Disposed of, or Beneficially	Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)	ction	<ul> <li>A. Securities Acquired</li> <li>(A) or Disposed of</li> <li>(D)</li> <li>(Instr. 3, 4 and 5)</li> </ul>		of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Direct (D)	Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price		or Indirect (I) (Instr. 4)	(11150.4)
Common Stock; \$0.01 par value	05/31/2005		Р		99	А	\$ 2.3	99	D	
Common Stock; \$0.01 par value	05/31/2005		Р		200	А	\$ 2.35	299	D	
Common Stock; \$0.01 par value	06/01/2005		Р		134	А	\$ 2.35	433	D	

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 in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

( <i>e.g.</i> , puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.	5.	. Num	ıber	6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	n of	f		and Expirati	on Date	Amou	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	D	eriva	tive	(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	S	ecurit	ies			Secur	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				А	cquir	ed			(Instr	. 3 and		Owned	Security:	(Instr. 4)
	Security				(/	A) or				4)			Following	Direct (D)	
					D	ispos	ed						Reported	or Indirect	
					of	f (D)							Transaction(s)	(I)	
					(I	nstr	3,	·					(Instr. 4)	(Instr. 4)	
					4,	, and :	5)								
											Amount				
								Date	Expiration		or				
								Exercisable		Title	Number				
								Exercisable	Date		of				
				Code V	/ (.	A) (	(D)				Shares				

## **Reporting Owners**

Describer Open News (Add	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
VOGEL P THOMAS 197 EIGHTH STREET, PH 225 CHARLESTOWN, MA 02129	Х							

## **Signatures**

/s/ P. THOMAS VOGEL	06/02/2005
***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).

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.