FORM 4	
Check this box if no	Ī

(Print or Type Responses)

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

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

 titions
 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 Report SCHUMACHER RICHA	I	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 X 10% Owner			
130 LAKE RIDGE DRIV	rst) E		 Date of Earliest Tr 03/12/2009 	ansaction (N	Month	/Day/Yea	ar)	X_Officer (give title below) Other (specify below) PRESIDENT and CEO			
(St TAUNTON, MA US 0278	4	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) (S	ate)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1. Title of Security 2. Transaction (Instr. 3) Date (Month/Day/Yea		Date Month/Day/Year)	Execution Date, if any	(Instr. 8)	e (A) or Disposed of (D)			of (D)	Owned Following Reported Transaction(s)	Ownership of Indire Form: Benefici	Beneficial
			(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price	x ,	Direct (D) or Indirect (I) (Instr. 4)	Ownership (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)															
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Numb	er	6. Date Exercisable and		7. Title and		8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	tion	of		Expiration Date		Amount of		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)		Code		Derivative ((Month/Day/Year)		Underlying		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Securitie	ecurities					(Instr. 5)	2	Derivative	Ownership
	Derivative					Acquiree	1			(Instr. 3 and 4)					(Instr. 4)
	Security					(A) or							0	Direct (D)	
						Disposed	d of						1	or Indirect	
						(D) (Instal 2	4						Transaction(s)	· · ·	
						(Instr. 3, and 5)	4,	4,					(Instr. 4)	(Instr. 4)	
						and 5)									
											Amount				
								Date	Expiration		or North an				
									Date		Number				
				Code	v	(A)					of Shares				
				Coue	v	(A)	(D)				Shares				
Non-															
Qualified	\$ 0.77	03/12/2009		А		75,000		03/12/2009 <mark>(1)</mark>	03/12/2010	Common Stock	75 000	\$ 0	75,000	D	
Stock	φ 0.77	03/12/2009		л		/5,000		03/12/2009	03/12/2019	Stock	75,000	ψŪ	75,000	D	
Option															

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
SCHUMACHER RICHARD T 130 LAKE RIDGE DRIVE TAUNTON, MA US 02780	Х	х	PRESIDENT and CEO					

Signatures

Richard T. Schumacher	03/16/2009	
***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) 1/3 of options vested immediately while 2/3 of options will vest ratably over two years.

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.