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

| OMB APPROV | /AL |
|-----------------------|-----------|
| OMB Number: | 3235-0287 |
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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

| | pe Response | s) | | | | | | | | 1 | | | | | | | | | | | |
|--|---|-----------------------|------|--|--------|--|-----------------------|--|---|------------------------|---|-----------------------|-------------------------|--|-----------|---|---|---|--|--|-----------|
| 1. 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 PT. GALLINAS ROAD (Middle) | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/03/2012 | | | | | | | Officer (give | title below) | | (specify below) | | | | | | | |
| (Street) SAN RAFAEL, CA US 94903 | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | _X_ Fo | 6. Individual or Joint/Group Filing(Check Applicable Line) 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/Yea | | Execution Date, if | | Code (Instr | (A) | r Disposed of (D) C 3, 4 and 5) (A) or (In | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | O FO D OF | wnership of Be irect (D) Ov Indirect | eneficial wnership | | | | | | | | | |
| Reminder: | Report on a s | separate line for eac | | Derivati | ive Se | curities | s Acc | Persons v | m are not red currently val | quired to rallid OMB o | espond control n | unless the | tion containe e form | ed SEC 147 | 74 (9-02) | | | | | | |
| | Conversion Date or Exercise (Month/Day/Ye Price of Derivative | Conversion | Date | Oate Month/Day/Year) | Date | Date | Date (Month/Day/Year) | Conversion Date (Month/Day/Year Price of Derivative | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transact | 5 tion o D D S A (A (I | . Numb | ve es d | 6. Date Exercisi Expiration Date (Month/Day/Ye | able and | 7. Title and Amount of Underlying Securities (Instr. 3 an | 3 | 8. Price of Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4) | Beneficia |
| | | | | | _ | | 1 | | | | | | | | | | | | | | |
| | | | | Code | V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | | | | | | |
| Non- Qualified Stock Options | \$ 0.50 | 07/03/2012 | | Code | | (A) .5,000 | . , | | Date | Title Common Stock | or Number of | \$ 0 | 25,000 | D | | | | | | | |

| Donastina Ossa Nasa / Addasa | Relationships | | | | | |
|--------------------------------|---------------|-----------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| Mangiardi Vito J | | | | | | |
| 12 PT. GALLINAS ROAD | X | | | | | |
| SAN RAFAEL, CA US 94903 | | | | | | |

Signatures

| Richard T Schumacher, Attorney in fact | 07/06/2012 |
|--|------------|
| **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) Stock options vested immediately.
- (2) Stock options will vest monthly over a one-year vesting period.

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.