## FORM 4

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

OMB APPRO\	/AL				
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)														
1. Name and Address of Reporting Person * PETERSON JEFFREY N			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) 1031 SHORELINE DRIVE			3. Date of Earliest Transaction (Month/Day/Year) 08/15/2012							fficer (give	title below)		(specify below)			
(Street) SAN MATEO, CA US 94404			4. If Amendment, Date Original Filed(Month/Day/Year)						_X_ For	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)				Table I. Non Derivative Securities Assuri						canired D	ired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yea		2A. Deemed Execution Date, if		d Date, if	3. Transa	4. Se (A) c (Inst	4. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5)  (A) or		5. Amount of S Owned Follow Transaction(s) (Instr. 3 and 4)		Securities Beneficially		orm: 7.	Nature Indirect eneficial wnership nstr. 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 Derivative Security (Instr. 3)	e Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. 5. 1 Transaction Dec Code Sec (Instr. 8) Acc Dis		5. Numb Derivati Securitie Acquired Disposed (Instr. 3,	oer of ve es d (A) or d of (D)	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)			9. Number of Derivative Securities Beneficially Owned Following Reported	Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	,		Amount or Number of Shares		Transaction(s) (Instr. 4)	(Instr. 4)	
Non- Qualified Stock Option	\$ 0.80	08/15/2012 <sup>(1)</sup>		D			15,000	(1)	08/28/202	21	Common Stock	15,000	\$ 0	0	D	
Non- Qualified Stock Option	\$ 0.60	08/15/2012 <sup>(1)</sup>		A		15,000		<u>(1)</u>	08/28/202	21	Common Stock	15,000	\$ 0	15,000	D	
Non- Qualified Stock Option	\$ 0.80	08/15/2012 <sup>(1)</sup>		D			10,000	<u>(1)</u>	08/28/202	21	Common Stock	10,000	\$ 0	0	D	
Non- Qualified Stock Option	\$ 0.60	08/15/2012(1)		A		10,000		(1)	08/28/202	21	Common Stock	10,000	\$ 0	10,000	D	

### **Reporting Owners**

Describer Osserv News / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
PETERSON JEFFREY N							
1031 SHORELINE DRIVE	X						
SAN MATEO, CA US 94404							

### **Signatures**

Richard T Schumacher, Attorney in fact	08/17/2012
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) The reported transactions involved an amendment of an outstanding stock option, resulting in the deemed cancellation of the old stock option and the grant of a replacement stock option.

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.