FORM 4	4
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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).

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

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#### 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 Type Response	es)											
1. Name and Address o Pollack Kevin	2. Issuer Name a PRESSURE BI			<i>.</i>			5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) 14 NORFOLK AVE	(First) E.	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 08/21/2013						Officer (give title below)	Other (specify b	below)	
(Street) SOUTH EASTON, MA 02375			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)	Table I - Non-Derivative Securities Acqu					es Acqui	uired, Disposed of, or Beneficially Owned			
1.Title of Security (Instr. 3)		Date (Month/Day/Year)	Execution Date, if any	Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		l of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	Form:	5. 7. Nature Ownership Form: 8eneficial	
			(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common Stock		08/21/2013		Р		7,500	A	\$ 0.278	10,000 (1)	D		
Common Stock		08/21/2013		Р		2,500	A	\$ 0.2739	10,000 (2)	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1474 (9-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.

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.	4	5. Nu	mber	6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transactio	on o	of		and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	1	Deriv	ative	(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	5	Secur	ities			Secur	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				1	Acqui	ired			(Instr	. 3 and		Owned	Security:	(Instr. 4)
	Security				(	(A) 01	r			4)			Following	Direct (D)	
					1	Dispo	sed						Reported	or Indirect	
						of (D)							Transaction(s)	< / <	
						Instr.							(Instr. 4)	(Instr. 4)	
					4	4, and	15)								
											Amount				
								Date	Expiration		or				
								Exercisable	Expiration Date	Title	Number				
								Exercisable	Date		of				
				Code V	V	(A)	(D)				Shares				

### **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Pollack Kevin 14 NORFOLK AVE. SOUTH EASTON, MA 02375	Х						

## **Signatures**

/s/ Kevin Pollack	08/23/2013
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) This amount includes 2,500 shares of common stock reported on line 2 of Table I.

(2) This amount includes 7,500 shares of common stock reported on line 1 of Table I.

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.