FORM 4

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

OMB APPROVAL					
OMB Number:	3235-0287				
Estimated average burden					
nours per response	e 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

	pe Response															
1. Name and Address of Reporting Person * SCHUMACHER RICHARD T				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) 130 LAKE RIDGE DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 09/13/2013							X Officer (give title below) Other (specify below) CEO					
(Street) TAUNTON, MA 02780			4. If	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 iired, Disposed of, or Beneficially Owned						
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqui												
1.Title of Security (Instr. 3)			Date (Month/Day/Year)		2A. Deemed Execution Date, it any (Month/Day/Year		f Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D)	D) Beneficially Owned Following Reported Transaction(s)		Following (s)	Ownership of Form:	7. Nature of Indirect Beneficial
				(WIOII	itii/Day/ i ea		de	V A	Amount	(A) or (D)	Price	(IIISU. 3 a	or I		or Indirect	Ownership (Instr. 4)
Common	Stock		09/13/2013]	•	2	2,500	A	\$ 0.305	656,304)	
Reminder:	Report on a	separate line t	or each class of se	curities	beneficially	owned	direct	tly or								
	Report on a	separate line t		Deriva	ative Securi	ties Ac	P c tl	Perso conta he fo	ons wheined in orm dis	n this for plays a of, or Be	orm are a curre eneficial	e not req ntly valid	uired to re d OMB cor	formation spond unlo	ss	CC 1474 (9- 02)
indirectly.		`	Table II	Deriva (e.g., p	ative Securi outs, calls, w	ties Ac	P c tl quired s, opti	Perso conta he fo l, Disj	ons when ined in orm dis	this for the second th	orm are a curre eneficial urities)	e not req ntly valid	uired to re d OMB cor	spond unle strol numbe	ess er.	02)
1. Title of		3. Transaction	Table II	Deriva (e.g., p	ative Securi outs, calls, w 4. Transaction Code	5. Nun of Deriv Secur Acqu (A) o Dispo	quired s, opti mber ative ities ired r	Perso conta he fo d, Disp ions, c 6. Dat and E	ons wheined in orm dis	of, or Be ible sec	eneficial urities) 7. T Amo	e not req ntly valid	uired to re d OMB cor	9. Number of Derivative Securities Beneficially Owned Following Reported	f 10. Ownersh Form of Derivativ Security: Direct (I or Indire	11. Nature of Indirect Beneficial Ownership (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction	Table II and 3A. Deeme Execution Year)	Deriva (e.g., p	ative Securi outs, calls, w 4. Transaction Code	5. Nun of Deriv Secur Acqu	quired s, optimber ative ities ired resed)	Perso conta he fo d, Disp ions, c 6. Dat and E	ons when ined in orm discovered of the Exercise Expiration	of, or Be ible sec	eneficial urities) 7. T Ame Und Secu	e not req ntly valid Ily Owned itle and ount of lerlying urities	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following	f 10. Ownersh Form of Derivativ Security: Direct (I or Indire	11. Nature ip of Indirec Beneficial Ownershi (Instr. 4)

Reporting Owners

Parada Oman Nama / Add	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
SCHUMACHER RICHARD T 130 LAKE RIDGE DRIVE TAUNTON, MA 02780	X		CEO			

Signatures

/s/ Richard T. Schumacher	09/17/2013
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).

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.