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 Responses)											
1. Name and Address Lazarev Alexander	of Reporting Person <sup>*</sup> V	I	2. Issuer Name <b>and</b> Ticker or Trading Symbol PRESSURE BIOSCIENCES INC [PBIO]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner		
18 WINCHESTER	(First) C DRIVE		3. Date of Earliest Transaction (Month/Day/Year) 12/31/2015					X Officer (give title below) Other (specify below) VP of Research & Development			
LEXINGTON, MA	(Street) A 02420	2	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 Acquired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transacti Code (Instr. 8) Code		4. Securi (A) or Di (Instr. 3, Amount	isposed o	f(D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership

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.	<ol><li>Transaction</li></ol>	3A. Deemed	4.		5. Numbe	r of	6. Date Exercisal	ble and	7. Title and	Amount	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	ion	Derivative	Derivative Expiration Date		of Underlying De		Derivative	Derivative	Ownership	of Indirect	
Security	or Exercise	(Month/Day/Year)	any	Code		Securities	ties (Month/Day/Year)				Security	Securities	Form of	Beneficial	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Acquired				(Instr. 3 and 4)		(Instr. 5)	-		Ownership
	Derivative					or Dispos	ed							2	(Instr. 4)
	Security					of (D)							0	Direct (D)	
						(Instr. 3, 4 and 5)	ŀ,	-					Reported Transaction(s)	or Indirect	
						and 5)								(1) (Instr. 4)	
											Amount		(1130.4)	(1130.4)	
									Expiration Date		or Number				
				Code	v	(A)	(D)		Date		of Shares				
				coue	•	(11)	(D)		· · · · · · · · · · · · · · · · · · ·		or shares				
Non-										~					
Qualified	\$ 0.4	12/31/2015		А		115,000		01/31/2016(1)	12/31/2025	Common	115 000	\$ 0	115,000	D	
Stock	φ σ	12/01/2010				110,000		01/31/2010	12,01,2020	Stock	,	ψü	110,000	2	
Options															

# **Reporting Owners**

n		Relationships								
Reporting Owner Name / Address		Director	10% Owner	Officer	Other					
18 V	arev Alexander V WINCHESTER DRIVE KINGTON, MA 02420			VP of Research & Development						

### **Signatures**

/s/ Alexander V Lazarev	01/05/2016
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) Non-qualified options vest 1/36th per month for 36 months, effective on the day of grant

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.