FORM 4

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

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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

(Print or Typ	pe Response	es)															
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					
(Last) (First) (Middle) 12 POINT GALLINAS ROAD					3. Date of Earliest Transaction (Month/Day/Year) 03/16/2017								icer (give title	below)		pecify below)	
(Street)				4. If <i>i</i>	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					
SAN RAFAEL, CA 94903 (City) (State) (Zip)					Table I - Non-Derivative Securities Acqui							ired, Disposed of, or Beneficially Owned					
(Instr. 3) Dat			2. Transaction Date (Month/Day/Y	(ear) Ex			f Co (Ir	Transaction ode nstr. 8)	(A) o	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Be Owned Following Reported Transaction(s)			O Fo	wnership of orm: Be	eneficial
			(M	Ionth	/Day/Year))	Code V	Amo	(A) (unt (D)		Ì	nstr. 3 and 4)		or (I	Direct (D) Ownership or Indirect (I) (Instr. 4)		
Keminder: I	keport on a	separate line for eac	h class of securities l	: II - De	rivat	tive Securi	ties	Pers this	form a ently v	re not re alid OME of, or Ber	quired to 3 control neficially	o respoi I numbe	nd unless		contained in displays a	SEC 147	74 (9-02)
Derivative Security	Conversion	3. Transaction Date (Month/Day/Year)		4. Transac Code	. 5. Number ransaction Derivative dode Securities		r of e (A)	of 6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount Underlying Securitie (Instr. 3 and 4)				f 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficial
				Code	V		(D)	Date Exercisable	Ex _j	piration te	Title		Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Non- Qualified Stock Options	\$ 0.28	03/16/2017		A		135,000		04/16/2017	7(1) 03	/16/2027	Commo	onStock	135,000	\$ 0	135,000	D	
Repor	ting O	wners															

Post for O and Nove (Addition	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Mangiardi Vito J 12 POINT GALLINAS ROAD SAN RAFAEL, CA 94903	X						

Signatures

/s/ Vito J. Mangiardi	03/20/2017
**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 1/12th per month for 12 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.