| FORM | 4 | |
|------|---|--|
| | | |

(Print or Type Responses)

| 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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

ations *b. See* Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporti Urdea michael S | 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 100 BUNCE MEADOWS I | | 3. Date of Earliest Transaction (Month/Day/Year) 03/16/2017 | | | | | | | ner (specify belo | w) |
| (Stree ALAMO, CA 94507 | 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 | e) (Zip) | т | able I - No | n-Der | rivative S | ecurities | s Acqu | ired, Disposed of, or Beneficially Own | ied | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year | Execution Date, if Code (A) or Disposed of (D) | | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | Ownership | 7. Nature of Indirect Beneficial | | |
| | | (Month/Day/Year) | Code | v | Amount | (A) or (D) | Price | | Direct (D) or Indirect (I) (Instr. 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 | 2. | 3. Transaction | 3A. Deemed | 4. | | 5. Numb | er | 6. Date Exercisal | ble and | 7. Title and | | 8. Price of | 9. Number of | 10. | 11. Nature |
| Derivative | Conversion | Date | Execution Date, if | Transact | ion | of | | Expiration Date | | Amount of | | Derivative | Derivative | Ownership | of Indirect |
| Security | or Exercise | (Month/Day/Year) | | Code | | Derivativ | ve | (Month/Day/Yea | ır) | Underlying | | Security | Securities | Form of | Beneficial |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) |) | Securitie | s | | | Securities | | (Instr. 5) | Beneficially | Derivative | Ownership |
| | Derivative | | | | | Acquired | 1 | | | (Instr. 3 and | 14) | | | | (Instr. 4) |
| | Security | | | | | (A) or | | | | | | | 0 | Direct (D) | |
| | | | | | | Disposed | 1 of | | | | | | 1 | or Indirect | |
| | | | | | | (D) (Luntur 2 | 4 | | | | | | Transaction(s) | · · · | |
| | | | | | | (Instr. 3, | 4, | | | | | | (Instr. 4) | (Instr. 4) | |
| | | | | | | and 5) | - | | [| | | | | | |
| | | | | | | | | | | | Amount | | | | |
| | | | | | | | | Date | Expiration | TT: d | or | | | | |
| | | | | | | | | | Date | Title | Number | | | | |
| | | | | Code | V | (A) | (D) | | | | of Shares | | | | |
| | | | | Coue | v | (A) | (D) | | | | Shares | | | | |
| Non- | | | | | | | | | | | | | | | |
| Qualified | \$ 0.28 | 03/16/2017 | | А | | 85,000 | | 04/16/2017 <mark>(1)</mark> | 03/16/2027 | Common | 85 000 | \$ 0 | 85,000 | D | |
| Stock | \$ 0.28 | 03/10/2017 | | л | | 85,000 | | 04/16/201/ | 03/10/2027 | Stock | 85,000 | \$ U | 85,000 | D | |
| Options | | | | | | | | | | | | | | | |

Reporting Owners

| | Relationships | | | | | | | |
|---|---------------|-----------|---------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| Urdea michael S 100 BUNCE MEADOWS DRIVE ALAMO, CA 94507 | Х | | | | | | | |

Signatures

| /s/ Michael S. Urdea | 03/21/2017 | |
|-------------------------------|------------|--|
| 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.