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Harvard Apparatus Regenerative Technology, Inc. Form 4 November 18, 2013

FOR	M 4	~~.~~~	~~~~			~~~ .				PPROVAL	
-	UNITED	STATES		RITIES A			NGE	COMMISSIO	N OMB Number:	3235-02	.87
Check if no lo	this box	STATEMENT OF CHANGES IN BENEFICIAL OW SECURITIES							Expires:	January 3	31, 05
subject Section Form 4 Form 5	to SIATEN 16. or								Estimated burden hou response	average urs per	0.5
obligat may co	ions Section 17	(a) of the P	ublic U		ding Coi	npan	y Act	nge Act of 1934, of 1935 or Secti 940			
(Print or Type	e Responses)										
1. Name and McNaught		2. Issuer Name <b>and</b> Ticker or Trading Symbol Harvard Apparatus Regenerative				-	5. Relationship of Reporting Person(s) to Issuer				
			Techno	ology, Inc.	. [HART	]		(Cho	eck all applicabl	e)	
(Last) C/O HAR REGENEI OCTOBE	ΓUS	3. Date of Earliest Transaction (Month/Day/Year) 11/18/2013					Director 10% Owner X Officer (give title Other (specify below) below) Chief Financial Officer				
				. If Amendment, Date Original iled(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
HOLLIST	ON, MA 01746							Form filed by Person	More than One R	eporting	
(City)	(State)	(Zip)	Tab	ole I - Non-I	Derivative	Secu	rities A	cquired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution I any (Month/Day	Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3,	(A) of of (D) 4 and (A) or	)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder: R	eport on a separate line	e for each cla	ss of sec	urities benet	ficially ow	ned di	rectly o	or indirectly.			

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock option (right to buy)	\$ 4.29	11/18/2013		А	145,126	<u>(1)</u>	11/18/2023	Common Stock, par value \$0.01 per share	145,126
Stock option (right to buy)	\$ 4.29	11/18/2013		A	72,563	(2)	11/18/2023	Common Stock, par value \$0.01 per share	72,563

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# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
McNaughton Thomas C/O HARVARD APPARATUS REGENERATIVE TECH. 84 OCTOBER HILL ROAD HOLLISTON, MA 01746			Chief Financial Officer			
Signatures						

/s/ Thomas 11/18/2013 McNaughton \*\*Signature of Reporting Date

Person

# **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).
- The option shares vest annually in four equal annual installments on January 1 of each year for four consecutive years commencing with (1)January 1, 2014.
- The option shares shall vest in one third increments subject to the achievement of certain milestone targets as determined by the Board of (2) Directors of the Issuer.

#### **Remarks:**

This form has been signed under power of attorney.

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.

#### **Reporting Owners**