Harvard Apparatus Regenerative Technology, Inc.

Form 4 June 03, 2015

### FORM 4

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

OMB 3235-0287 Number: January 31,

response...

5. Relationship of Reporting Person(s) to

(Check all applicable)

Issuer

Check this box if no longer subject to Section 16. Form 4 or

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Expires: 2005 Estimated average burden hours per

0.5

**OMB APPROVAL** 

Form 5 obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading

Harvard Apparatus Regenerative

Technology, Inc. [HART]

Symbol

1(b).

(Print or Type Responses)

**GREEN DAVID** 

1. Name and Address of Reporting Person \*

(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)						_X_ Director Officer (give	titleOth	Owner er (specify		
C/O HARVARD APPARATUS REGENERATIVE TECH., 84		06/03/2015						below)	below)				
OCTOBER HILL ROAD, SUITE 11													
(Street)				4. If Amendment, Date Original						6. Individual or Joint/Group Filing(Check			
	Filed(Mon	Filed(Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person						
HOLLISTO							Form filed by More than One Reporting Person						
(City)	(State)	(Zip)	Tabl	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security (Instr. 3)	2. Transaction Do (Month/Day/Yea	r) Execution			8)	4. Securition(A) or Dis (Instr. 3, 4)	posed	of (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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
C							(-)	\$					
Common Stock	06/03/2015			P		23,400	A	1.98 (1)	288,259	D			
Common Stock									75,000	I	David Green 2013 Annuity Trust		
Common Stock									150,000	I	David Green		

2015-2 Annuity Trust, dated March 13, 2015

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 in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1474 (9-02)

> 9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

# 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. Transa Code (Instr. 3	5. ctionNumbe of 8) Deriva Securit Acquir (A) or Dispos of (D) (Instr.: 4, and	(Month/Day ive ies ed ed	Date	7. Titl Amou Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)
				Code	V (A) (I	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

### **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other

GREEN DAVID C/O HARVARD APPARATUS REGENERATIVE TECH. 84 OCTOBER HILL ROAD, SUITE 11 HOLLISTON, MA 01746

X

## **Signatures**

/s/ David Green 06/03/2015

\*\*Signature of 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).

Reporting Owners 2

### Edgar Filing: Harvard Apparatus Regenerative Technology, Inc. - Form 4

This transaction was executed in multiple trades at prices ranging from \$1.94 to \$2.00. The price reported above reflects the weighted average purchase price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.

#### **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.