

Harvard Apparatus Regenerative Technology, Inc.  
 Form 3/A  
 July 07, 2015

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0104  
 Expires: January 31, 2015  
 Estimated average burden hours per response... 0.5

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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

(Print or Type Responses)

<p>1. Name and Address of Reporting Person *</p> <p>Â La Francesca Saverio</p> <p>(Last) (First) (Middle)</p> <p>C/O HARVARD APPARATUS REGENERATIVE TECH.,Â 84 OCTOBER HILL ROAD, SUITE 11</p> <p>(Street)</p> <p>HOLLISTON,Â MAÂ 01746</p> <p>(City) (State) (Zip)</p>	<p>2. Date of Event Requiring Statement</p> <p>(Month/Day/Year)</p> <p>04/29/2015</p>	<p>3. Issuer Name and Ticker or Trading Symbol</p> <p>Harvard Apparatus Regenerative Technology, Inc. [HART]</p> <p>4. Relationship of Reporting Person(s) to Issuer</p> <p>(Check all applicable)</p> <p><input type="checkbox"/> Director <input type="checkbox"/> 10% Owner  <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other                  (give title below) (specify below)                  Chief Medical Officer</p>	<p>5. If Amendment, Date Original Filed(Month/Day/Year)</p> <p>05/13/2015</p> <p>6. Individual or Joint/Group Filing(Check Applicable Line)</p> <p><input checked="" type="checkbox"/> Form filed by One Reporting Person  <input type="checkbox"/> Form filed by More than One Reporting Person</p>
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**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	6,714	D	Â

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security	4. Conversion or Exercise	5. Ownership Form of	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Date Exercisable	Expiration Date	(Instr. 4) Title	Amount or Number of Shares	Price of Derivative Security	Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	
Stock Option (right to buy)	Â (1)	05/01/2024	Common Stock	100,000	\$ 8.66	D	Â
Stock Option (right to buy)	Â (2)	03/04/2025	Common Stock	100,000	\$ 4.08	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
La Francesca Saverio C/O HARVARD APPARATUS REGENERATIVE TECH. 84 OCTOBER HILL ROAD, SUITE 11 HOLLISTON, MA 01746	Â	Â	Â Chief Medical Officer	Â

## Signatures

/s/ Chad Porter by power of attorney 07/07/2015

\*\*Signature of Reporting Person Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, see Instruction 5(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) The option became exercisable as to 25,000 of the shares underlying the option on May 1, 2015 with the remaining shares underlying the option vesting in three equal installments on May 1, 2016, 2017 and 2018.
- (2) The shares underlying the option vest in four equal installments on March 4, 2016, 2017, 2018 and 2019.

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### Remarks:

This amendment to the Initial Statement of Beneficial Ownership of Securities on Form 3, filed with

### Exhibit List:

Exhibit 24 - Limited 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.