FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

|   | OMB APPRO                | OVAL      |  |  |  |  |  |  |  |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
|   | OMB Number:              | 3235-0287 |  |  |  |  |  |  |  |
| l | Estimated average burden |           |  |  |  |  |  |  |  |
| l | hours per response:      | 0.5       |  |  |  |  |  |  |  |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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 Reporting Person*  DUGGAN ROBERT W     |   |  |   |                                |  | 2. Issuer Name <b>and</b> Ticker or Trading Symbol Pulse Biosciences, Inc. [ PLSE ] |                   |   |   |                 |   |   | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  |   |           |   |  |  |
|---|---|--|---|--------------------------------|--|---|-------------------|---|---|-----------------|---|---|--|---|-----------|---|--|--|
|   |   |  |   |                                |  |   |                   |   |   |                 |   | X Directo   | r  | X   | 10% Ow    | ner                                       |  |  |
| (Last) (First) (Middle) 611 S. FORT HARRISON AVE., SUITE 306  |   |  |   |                                |  | 3. Date of Earliest Transaction (Month/Day/Year) 05/16/2019                         |                   |   |   |                 |   | Officer (give title Other (specify below) below)  |  |   |           |   |  |  |
|   |   |  |   | _ <del> </del> _               | 4.64   |   |                   |   |   |                 |   |   |  |   |           |   |  |  |
| (Street)  |   |  |   |                                | 4. If Amendment, Date of Original Filed (Month/Day/Year) |   |                   |   |   |                 | Line  | 6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person |  |   |           |   |  |  |
| CLEARWATER FL 33756   |   |  |   |                                |  |   |                   |   |   |                 | Form filed by More than One Reporting Person                              |   |  |   |           |   |  |  |
| (City) (State) (Zip)  |   |  |   |                                |  |   |                   |   |   |                 |   | 1 013011  |  |   |           |   |  |  |
|   |   | Tal  | ole I - Non-De  | rivativ                        | /e Se  | curitie   | s A               | cquired, Di                                       | sposed o                                | f, or Ben       | eficiall  | y Owned   |  |   |           |   |  |  |
| 1. Title of Security (Instr. 3)  2. Transar Date (Month/Date) |   |  |   |                                | Execution Date,  |   | Code (Instr.   5) |   | d (A) or<br>r. 3, 4 and                 |                 | es Fo<br>ally (D)<br>Following (I)  |   | : Direct I<br>r Indirect I<br>str. 4)  | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership |           |   |  |  |
|   |   |  |   |                                |  |   |                   | Code V  | Amount                                  | (A) or<br>(D)   | Price   | Transact  | Reported<br>Transaction(s)<br>(Instr. 3 and 4)   |   |           | (Instr. 4)                                |  |  |
|   |   |  | Table II - Deri<br>(e.g.                                    |                                |  |   |                   | quired, Disp<br>s, options,                       |   |                 |   | Owned   |  |   |           | ,   |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)           | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) | 4.<br>Transactio<br>Code (Inst |  |   |                   | 6. Date Exerci<br>Expiration Dat<br>(Month/Day/Ye | of Securi<br>ar) Underlyii<br>Derivativ |                 | Title and Amount f Securities nderlying erivative Security nstr. 3 and 4) |   | 9. Number<br>derivative<br>Securities<br>Beneficiall<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | Owner<br>Form:<br>Direct<br>or Indi<br>(I) (Inst    | Ownership | Beneficial<br>Ownership<br>ect (Instr. 4) |  |  |
|   |   |  |   | Code                           | v  | (A)   | (D)               | Date<br>Exercisable                               | Expiration<br>Date                      | Title           | Amount<br>or<br>Number<br>of<br>Shares                                    |   |  |   |           |   |  |  |
| Stock<br>Option<br>(right to<br>buy)                          | \$13.03   | 05/16/2019                                 |   | A                              |  | 15,000  |                   | 06/16/2019 <sup>(1)</sup>                         | 05/16/2029                              | Common<br>Stock | 15,000  | \$0.00  | 15,000   | )   | D         |   |  |  |
| Stock<br>Option<br>(right to<br>buy)                          | \$13.03   | 05/16/2019                                 |   | A                              |  | 13,124  |                   | 09/05/2019 <sup>(2)</sup>                         | 05/16/2029                              | Common<br>Stock | 13,124  | \$0.00  | 13,124   | 4   | D         |   |  |  |

## Explanation of Responses:

- 1. The shares subject to the option will vest in equal monthly installments over a one year period, subject to the Reporting Person's continued service through each vesting date.
- 2. The shares subject to the option will vest in equal quarterly installments over a one year period, subject to the Reporting Person's continued service through each vesting date.

## Remarks:

/s/ Brian Dow, as Attorney-in-

<u>Fact</u>

\*\* Signature of Reporting Person

Date

05/17/2019

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- \* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.