FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	20549
wasiiiiqtoii,	D.C.	20049

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHII

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
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* <u>UECKER DARRIN</u>				2. Issuer Name and Ticker or Trading Symbol Pulse Biosciences, Inc. [PLSE]							Relationship of Reporting Person(s) to Issuer (Check all applicable) Director							
(Last)	,	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 04/29/2023)	X Officer (give title below) Other (specify below) Chief Technology Officer					
C/O PULSE BIOSCIENCES, INC. 3957 POINT EDEN WAY				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)					Line	6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street) HAYWA	RD C	A	94545								2	X Form filed by One Reporting Person Form filed by More than One Reporting Person				ng		
(City)	(S	tate)	(Zip)		R	Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.												
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				2A. Deemed Execution Date if any (Month/Day/Yea		e, Transaction Disposed Code (Instr.		ities Acquired (A) or d Of (D) (Instr. 3, 4 a		5. Amoun Securities Beneficia Owned Fo Reported	s Form Illy (D) or ollowing (I) (In		: Direct II Indirect E str. 4) C	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
				Code V Amount (A) or (D)			r Price	Transaction(s) (Instr. 3 and 4)										
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 Date (Month/Day/Year) 3. Transaction Date Execution Date, if any (Month/Day/Year) Conversion Date (Month/Day/Year) Barbara SA. Deemed Execution Date, if any (Month/Day/Year)			5. Number of Derivative Scode (Instr.) Code (Instr.) Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		e s I (A) sed str.	6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	Ownership of Form: E Direct (D) C	11. Nature of Indirect Beneficial Ownership (Instr. 4)						
				Cod	Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)			
Stock Option (right to buy)	\$6.44	04/29/2023			A		500,000		(1)	04	1/29/2033	Common Stock	500,000	(2)	500,00	00	D	

Explanation of Responses:

1. The option was granted on April 29, 2023 under the Issuer's 2017 Equity Incentive Plan. The shares subject to the option are subject to four tranches of performance-based vesting criteria tied to Issuer's market capitalization, with no vesting until the Issuer's market capitalization exceeds \$1 billion, in all cases, subject to the Reporting Person's continued service through each vesting milestone.

2. Not applicable.

/s/ Kenneth B. Stratton, as Attorney-in-Fact

05/02/2023

** Signature of Reporting Person

Date

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.