BioScrip, Inc. Form 4 December 01, 2008

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

OMB APPROVAL

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January 31, Expires: 2005

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Estimated average burden hours per

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

response...

if no longer subject to Section 16. Form 4 or Form 5

Check this box

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

See Instruction 1(b).

(Last)

(Print or Type Responses)

1. Name and Address of Reporting Person *

HUBERS DAVID R

(First)

(Middle)

100 CLEARBROOK ROAD

(Street)

2. Issuer Name and Ticker or Trading Symbol

30(h) of the Investment Company Act of 1940

BioScrip, Inc. [BIOS]

3. Date of Earliest Transaction

(Month/Day/Year) 11/26/2008

4. If Amendment, Date Original Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

_X__ Director 10% Owner Other (specify Officer (give title below)

6. Individual or Joint/Group Filing(Check

Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting

ELMSFORD, NY 10523

221,101 011	Person								
(City)	(State)	(Zip) Table	e I - Non-D	erivative S	ecurit	ies Acq	uired, Disposed o	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8)	4. Securiti n(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)
Common Stock, \$.0001 Par Value	11/26/2008		P				83,500	D	
Common Stock, \$.0001 Par Value	11/26/2008		P	16,000	A	\$ 1.43	99,500	D	

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

Persons who respond to the collection of SEC 1474 information contained in this form are not required to respond unless the form

(9-02)

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displays a currently valid OMB control number.

$\label{thm:convergence} \begin{tabular}{ll} Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned \\ (e.g., puts, calls, warrants, options, convertible securities) \end{tabular}$

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. Transacti Code (Instr. 8)	of De Sec Ac (A) Dis of (In	rivative curities quired or sposed (D) str. 3, 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
Director Stock Option	\$ 7.25						<u>(1)</u>	12/14/2010	Common Stock, \$.0001 Par Value	33,600
Director Stock Option	\$ 4.22						<u>(1)</u>	11/27/2011	Common Stock, \$.0001 Par Value	11,200
Director Stock Option	\$ 4.43						<u>(1)</u>	11/20/2012	Common Stock, \$.0001 Par Value	11,200
Director Stock Option	\$ 7.96						(1)	11/19/2013	Common Stock, \$.0001 Par Value	11,200
Director Stock Option	\$ 6.61						<u>(1)</u>	03/12/2015	Common Stock, \$.0001 Par Value	20,000
Option To Purchase Common Stock	\$ 5.33						05/23/2007(2)	05/23/2016	Common Stock, \$.0001 Par Value	5,000

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

HUBERS DAVID R 100 CLEARBROOK ROAD X ELMSFORD, NY 10523

Signatures

/s/ David Frankel, attorney-in-fact for Mr. Hubers

12/01/2008

**Signature of Reporting 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).
- (1) Fully Vested
- (2) Vests and becomes exercisable in three equal annual installments commencing on the first anniversary of the date of grant.

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.

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