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MCCARTNE Form 4 January 09, 24	EY JOSEPH F										
FORM	Δ									PPROVAL	
				URITIES AND EXCHANGE COMMISSION Vashington, D.C. 20549					OMB Number:	3235-0287	
Check this if no longe									Expires:	January 31,	
subject to	F CHAN	F CHANGES IN BENEFICIAL OWNERSHIP						2005 average			
Section 16		SECUR	burden hours per								
Form 4 or Form 5	Form 5 Filed pursuant to Section 1				Securiti	response 0.5					
obligation	^s Section 17							of 1935 or Sectio	n		
may contin <i>See</i> Instruc 1(b).	nue.		of the Inv	•	•				-		
(Print or Type R	esponses)										
MCCARTNEY JOSEPH F Syr			Symbol	Name and			g	5. Relationship of Reporting Person(s) to Issuer			
			HEALTHCARE SERVICES GROUP INC [HCSG]					(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	ansaction			_X_ Director		6 Owner	
3220 TILLM 300	(Month/Day/Year) 01/05/2012					_X_ Officer (give title Other (specify below) below) Vice President					
	(Street)		4. If Amer	ndment, Dat	te Original			6. Individual or Jo	oint/Group Filin	1g(Check	
				th/Day/Year)	-			Applicable Line)			
BENSALEM	I, PA 19020							_X_ Form filed by 0 Form filed by N Person	One Reporting Pe More than One Re		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecuri	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned	
1.Title of	2. Transaction D			3.	4. Securit				6. Ownership		
Security (Instr. 3)	(Month/Day/Yea	ar) Execution any	on Date, if		onAcquired Disposed				Form: Direct (D) or	Indirect Beneficial	
(1150.3)		•	/Day/Year)	CodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)			Owned I Following (Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
						(A)		Reported Transaction(s)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common stock						(_)		77,089 <u>(1)</u>	D		

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.

 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. Transactio Code (Instr. 8)	5. Number onof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, 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
Phantom stock	\$ 0 <u>(2)</u>	01/05/2012		А	191 (<u>3)</u>	01/05/2012	<u>(4)</u>	common stock	191 \$
Stock option	\$ 17.5	01/05/2012		А	2,000	01/05/2013	01/05/2022	common stock	2,000
Stock option	\$ 17.5	01/05/2012		А	2,000	01/05/2014	01/05/2022	common stock	2,000
Stock option	\$ 17.5	01/05/2012		А	2,000	01/05/2015	01/05/2022	common stock	2,000
Stock option	\$ 17.5	01/05/2012		А	2,000	01/05/2016	01/05/2022	common stock	2,000
Stock option	\$ 17.5	01/05/2012		А	2,000	01/05/2017	01/05/2022	common stock	2,000

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Reporting Owners

Reporting Owner Name / Addres	Relationships						
	Director	10% Owner	Officer	Other			
MCCARTNEY JOSEPH F 3220 TILLMAN DRIVE SUITE 300 BENSALEM, PA 19020	Х		Vice President				
Signatures							
/s/ Joseph F. McCartney	01/09/2012	2					

**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) INCLUDES 564 SHARES ISSUED IN 2012 PURSUANT TO 2011 EMPLOYEE STOCK PURCHASE PLAN PARTICIPATION PAYMENTS AT AN OFFERING PRICE OF \$13.83 PER COMMON SHARE.

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- (2) SHARES ISSUED AT CONVERSION RATE OF 1 FOR 1
- (3) ACQUIRED PURSANT TO AN ISSUER CONTRIBUTION UNDER THE HEALTHCARE SERVICES GROUP, INC DEFERRED COMPENSATION PLAN
- (4) SHARES OF PHANTOM STOCK ARE PAYABLE IN KIND FOLLOWING TERMINATION OF THE REPORTING PERSON'S EMPLOYMENT WITH ISSUER

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.