MCCARTNEY DANIEL P

Form 4/A January 06, 2006

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Weshington, D.C. 20540

OMB APPROVAL

Expires:

Washington, D.C. 20549

Number: 3235-0287

January 31,

2005

if no longer subject to Section 16. Form 4 or

Check this box

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per

Form 5 obligations may continue.

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

response... 0.5

See Instruction 1(b).

stock

(Print or Type Responses)

1. Name and Address of Reporting Person * MCCARTNEY DANIEL P			Symbol HEALTI		Ticker or Trading SERVICES CSG]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) 3220 TILLM	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 01/06/2006			_X_ Director _X_ Officer (giv below)	te title _X_ Oth below)	ner (specify	
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)			Chief Executive Officer / Chairman 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
BENSALEM	I, PA 19020		01/05/20	000		· · · · · · · · · · · · · · · · · · ·	More than One Re		
(City)	(State)	(Zip)	Table	I - Non-Do	erivative Securities Acc	quired, Disposed o	of, or Beneficial	lly Owned	
1.Title of Security	2. Transaction (Month/Day/Y			3. Transactio	4. Securities onAcquired (A) or	5. Amount of Securities	6. Ownership Form: Direct	7. Nature of Indirect	

1.Title of Security	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if	3. Transactio	4. Securities onAcquired (A) or	5. Amount of Securities	6. Ownership Form: Direct	7. Nature of Indirect
(Instr. 3)		any	Code	Disposed of (D)	Beneficially	(D) or	Beneficial
		(Month/Day/Year)	(Instr. 8)	(Instr. 3, 4 and 5) (A) or	Owned Following Reported Transaction(s)	Indirect (I) (Instr. 4)	Ownership (Instr. 4)
			Code V	Amount (D) Price	(Instr. 3 and 4)		
Common stock					1,925,634	D	
Common					32,903	I	HELD BY

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

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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. Transacti Code (Instr. 8)	Transaction Derivative Code Securities		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Pr Deriv Secu (Inst
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock	<u>(1)</u>	01/05/2006		A	1,699 (2)		01/05/2006	(3)	Common stock	1,699	\$ 2

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
MCCARTNEY DANIEL P								
3220 TILLMAN DR	X		Chief Executive Officer	Chairman				
SUITE 300	Λ		Chief Executive Officer	Cilairiilaii				
BENSALEM, PA 19020								

Signatures

/s/ Daniel P. 01/05/2006 **McCartney** **Signature of Reporting 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) Shares issued at conversion rate of 1 to 1
- (2) Acquired pursuant to an issuer contribution under the Healthcare Services Group, Inc Deferred Compensation Plan.
- (3) Shares of Phantom Stock are payable in cash or stock following termination of the reporting person's employment with issuer.
- (4) Revision to 1-05-06 filing

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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