Edgar Filing: HEALTHCARE SERVICES GROUP INC - Form 4

HEALTHCARE SERVICES GROUP INC Form 4 January 07, 2008 OMB APPROVAL FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB 3235-0287 Washington, D.C. 20549 Number: Check this box January 31, Expires: if no longer 2005 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Estimated average **SECURITIES** Section 16. burden hours per Form 4 or response... 0.5 Form 5 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. 30(h) of the Investment Company Act of 1940 See Instruction 1(b). (Print or Type Responses) 1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Ottaviano Dino D Issuer Symbol HEALTHCARE SERVICES (Check all applicable) **GROUP INC [HCSG]** (Last) (First) (Middle) 3. Date of Earliest Transaction X_ Director 10% Owner Officer (give title Other (specify (Month/Day/Year) below) below) 3220 TILLMAN DRIVE, SUITE 01/03/2008 300 (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting BENSALEM, PA 19020 Person (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 5. Amount of 1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities 6. Ownership 7. Nature of Security (Month/Day/Year) Execution Date, if TransactionAcquired (A) or Securities Form: Direct Indirect (Instr. 3) any Code Disposed of (D) Beneficially (D) or Indirect Beneficial (Instr. 3, 4 and 5) Ownership (Month/Day/Year) (Instr. 8) Owned (I) (Instr. 4) Following (Instr. 4) Reported (A) Transaction(s) or (Instr. 3 and 4) Code V Amount (D) Price 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 (9-02)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) 3. Transaction Date 3A. Deemed 5. Number 6. Date Exercisable and 7. Title and Amount 1. Title of 2. 4.

Transaction

(Month/Day/Year) Execution Date, if

Derivative Conversion

of Underlying

Expiration Date

8. Pi

Deri

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| Security (Instr. 3) | or Exercise Price of Derivative Security | | any (Month/Day/Year) | Code (Instr. 8) | Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | (Month/Day/Year) | | Securities (Instr. 3 and 4) | | Secu (Inst |
|------------------------|---|------------|-------------------------|--------------------|---|-----------------------|--------------------|--------------------------------|--|---------------|
| | | | | Code V | (A) (E |) Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Stock option | \$ 20.89 | 01/03/2008 | | А | 998 | 01/03/2009 | 01/03/2018 | common stock | 998 | \$ 2 |
| Stock option | \$ 20.89 | 01/03/2008 | | А | 998 | 01/03/2010 | 01/03/2018 | common stock | 998 | \$ 2 |
| Stock option | \$ 20.89 | 01/03/2008 | | А | 998 | 01/03/2011 | 01/03/2018 | common stock | 998 | \$ 2 |
| Stock option | \$ 20.89 | 01/03/2008 | | А | 998 | 01/03/2012 | 01/03/2018 | common stock | 998 | \$ 2 |
| Stock option | \$ 20.89 | 01/03/2008 | | А | 998 | 01/03/2013 | 01/03/2018 | common stock | 998 | \$ 2 |

Reporting Owners

| Reporting Owner Name / Addı | *ess | Relationships | | | | | | |
|---|------------|---------------|---------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| Ottaviano Dino D 3220 TILLMAN DRIVE SUITE 300 BENSALEM, PA 19020 | Х | | | | | | | |
| Signatures | | | | | | | | |
| /s/ Dino Ottaviano | 01/07/2008 | | | | | | | |

<u>**</u>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).

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.