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MCCARTNEY Form 4 January 09, 201											
FORM 4	1								PPROVAL		
	• UNITED	STATES		RITIES A Ashington			E COMMISSION	NOMB Number:	3235-0287		
Check this bo if no longer	ЭХ		(usining on, 2000 200 b)					Expires:	January 31,		
subject to Section 16. Form 4 or	STATEN	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES					Estimated burden hou response	urs 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 19401(b).30(h) of the Investment Company Act of 1940											
(Print or Type Resp	oonses)										
1. Name and Addr MCCARTNEY	2. Issuer Name and Ticker or Trading Symbol HEALTHCARE SERVICES			C	5. Relationship of Reporting Person(s) to Issuer						
			GROUP INC [HCSG]				(Check all applicable)				
(Last)				3. Date of Earliest Transaction			X Director X Officer (giv		% Owner her (specify		
3220 TILLMA 300	(Month/Day/Year) 01/05/2012			below) below) Chief Executive Officer							
				4. If Amendment, Date Original Filed(Month/Day/Year)			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
BENSALEM, I	PA 19020						Person	More than One K	eporting		
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Securities A	Acquired, Disposed of	of, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution I any (Month/Day)		Date, if TransactionAcquired (A) or Code Disposed of (D)		(A) or of (D) and 5)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
	or Code V Amount (D) Pric				(Instr. 3 and 4)						
Reminder: Report of	on a separate line	e for each cl	ass of sec	urities bene	-	-	or indirectly. spond to the colle	ction of s	SEC 1474		
information contained in this form are not (9-02) required to respond unless the form displays a currently valid OMB control number.											
	Tab					posed of, or convertible	Beneficially Owned securities)	I			

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount	8
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof Derivative	Expiration Date	of Underlying	J

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8. D

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/Y	′ear)	Securities (Instr. 3 and	14)	S (.
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom stock	\$ 0 <u>(1)</u>	01/05/2012		А	2,131 (2)	01/05/2012	(3)	common stock	2,131	
Stock option	\$ 17.5	01/05/2012		А	5,000	01/05/2013	01/05/2022	common stock	5,000	
Stock option	\$ 17.5	01/05/2012		А	5,000	01/05/2014	01/05/2022	common stock	5,000	
Stock option	\$ 17.5	01/05/2012		А	5,000	01/05/2015	01/05/2022	common stock	5,000	
Stock option	\$ 17.5	01/05/2012		А	5,000	01/05/2016	01/05/2022	common stock	5,000	
Stock option	\$ 17.5	01/05/2012		А	5,000	01/05/2017	01/05/2022	common stock	5,000	

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
MCCARTNEY DANIEL P 3220 TILLMAN DRIVE SUITE 300 BENSALEM, PA 19020	Х		Chief Executive Officer				

Signatures

Person

/s/ Daniel P. 01/09/2012 **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 FOR 1
- ACQUIRED PURSANT TO AN ISSUER CONTRIBUTION UNDER THE HEALTHCARE SERVICES GROUP, INC DEFERRED (2) COMPENSATION PLAN

(3)

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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.