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HEALTHCARE SERVICES GROUP INC

Form 4

November 04, 2015

OMB APPROVAL 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 McCartney Bryan D Issuer Symbol HEALTHCARE SERVICES (Check all applicable) **GROUP INC [HCSG]** (Last) (First) (Middle) 3. Date of Earliest Transaction Director 10% Owner X_ Officer (give title Other (specify (Month/Day/Year) below) 3220 TILLMAN DRIVE, SUITE 11/02/2015 **Executive Vice President** 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

BENSALEM, PA 19020

(State)

(Zip)

(City)

(City)	(State)	Tab	ole I - Non-	Derivative	Secu	rities Acquii	red, Disposed of,	or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	4. Securit ord Dispos (Instr. 3, 4)	ed of	` '	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	11/02/2015		M	22,500	A	\$ 10.3867	126,248	D	
Common Stock	11/02/2015		S	22,500	D	\$ 37.17	103,748 (1)	D	
Common Stock	11/02/2015		A	0	A	\$ 0	22,798 (1)	I	Held by minor child

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 (9-02)

Form filed by More than One Reporting

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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. Transaction 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 I S ((
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 10.3867	11/02/2015		M		4,500	01/05/2010	01/05/2019	Common Stock	4,500	
Stock Option (right to buy)	\$ 10.3867	11/02/2015		M		4,500	01/05/2011	01/05/2019	Common Stock	4,500	
Stock Option (right to buy)	\$ 10.3867	11/02/2015		M		4,500	01/05/2012	01/05/2019	Common Stock	4,500	
Stock Option (right to buy)	\$ 10.3867	11/02/2015		M		4,500	01/05/2013	01/05/2019	Common Stock	4,500	
Stock Option (right to buy)	\$ 10.3867	11/02/2015		M		4,500	01/05/2014	01/05/2019	Common Stock	4,500	

Reporting Owners

Reporting Owner Name / Address	Relationships							
1	Director	10% Owner	Officer	Other				
McCartney Bryan D			Executive Vice President					
3220 TILLMAN DRIVE								
SUITE 300								

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BENSALEM, PA 19020

Signatures

/s/ John C. Shea, by Power of Attorney 11/04/2015

**Signature of Reporting Person

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).

Date

(1) Total Direct and Indirect Beneficial Ownership by Reporting Person is 126,546 shares.

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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