BioScrip, Inc. Form 4 May 01, 2008

#### FORM 4

#### OMB APPROVAL

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number: 3235-0287

Check this box if no longer subject to Section 16. Form 4 or Expires: January 31,

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response... 0.5

Form 4 or Form 5 obligations may continue. See Instruction

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

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 **HOLUBIAK MYRON Z** Issuer Symbol BioScrip, Inc. [BIOS] (Check all applicable) (First) (Middle) (Last) 3. Date of Earliest Transaction (Month/Day/Year) X\_ Director 10% Owner Officer (give title Other (specify 100 CLEARBROOK ROAD 04/29/2008 below) (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check

(Street) 4. If Amendment, Date Origina Filed(Month/Day/Year)

(Zip)

Applicable Line)
\_X\_ Form filed by One Reporting Person

\_X\_Form filed by One Reporting Person \_\_\_ Form filed by More than One Reporting Person

F

ELMSFORD, NY 10523

(State)

1.Title of 2. Transaction Date 2A. Deemed 4. Securities 5. Amount of 6. Ownership 7. Nature of Security (Month/Day/Year) Execution Date, if TransactionAcquired (A) or Securities Form: Direct Indirect (Instr. 3) Code Disposed of (D) Beneficially (D) or Beneficial (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned Indirect (I) Ownership Following (Instr. 4) (Instr. 4) Reported (A)

or (Instr. 3 and 4)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

Code V Amount (D) Price

Common

(City)

Stock, \$.0001 par 04/29/2008 A 8,500 A \$ 0 8,500 D

value

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.

SEC 1474

(9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

#### Edgar Filing: BioScrip, Inc. - Form 4

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)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Underlying (Instr. 3 and	Securities
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Director Stock Option	\$ 4.28					<u>(1)</u>	09/20/2012	Common Stock, \$.0001 par value	13,600
Director Stock Option	\$ 4.43					<u>(1)</u>	11/20/2012	Common Stock, \$.0001 par value	2,800
Director Stock Option	\$ 7.96					<u>(1)</u>	11/19/2013	Common Stock, \$.0001 par value	11,200
Director Stock Option	\$ 6.61					03/12/2006(2)	03/12/2015	Common Stock, \$.0001 par value	20,000
Option to Purchase Common Stock	\$ 5.33					05/23/2007(2)	05/23/2016	Common Stock, \$.0001 par value	5,000

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
HOLUBIAK MYRON Z 100 CLEARBROOK ROAD ELMSFORD, NY 10523	X					

### **Signatures**

/s/ Myron Z. Holubiak 05/01/2008

Date

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\*\*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).
- (1) Fully Vested
- (2) Vests and becomes exercisable in three equal annual installments commencing on the first anniversary of the date of grant.

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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