

BioScrip, Inc.
 Form 4
 November 04, 2008

FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
 Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287
 Expires: January 31, 2005
 Estimated average burden hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

1. Name and Address of Reporting Person *
 POSNER BARRY A

(Last) (First) (Middle)
 100 CLEARBROOK ROAD
 (Street)

ELMSFORD, NY 10523

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol
 BioScrip, Inc. [BIOS]

3. Date of Earliest Transaction (Month/Day/Year)
 11/01/2008

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

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

____ Director _____ 10% Owner
 Officer (give title below) _____ Other (specify below)
 Executive Vice President

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 ____ Form filed by More than One Reporting Person

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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 Ownership (Instr. 4)
			Code	V	Amount	(D)	Price
Common Stock, \$.0001 par value	11/01/2008		F		13,401	D	\$ 3 100,126

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)

Edgar Filing: BioScrip, Inc. - Form 4

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)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		
				Code	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option	\$ 6					02/28/2007 ⁽¹⁾	06/30/2015	Common Stock, \$.0001 par value	13,800
Employee Stock Option	\$ 2.47					11/01/2007 ⁽¹⁾	11/01/2016	Common Stock, \$.0001 par value	158,587
Employee Stock Option (Right to Buy Common Stock)	\$ 4.5					⁽²⁾	12/02/2008	Common Stock, \$.0001 par value	13,166
Employee Stock Option (Right to Buy Common Stock)	\$ 12.2					11/28/2002 ⁽²⁾	11/28/2011	Common Stock, \$.0001 par value	70,000
Employee Stock Option (Right to Buy)	\$ 7.95					09/24/2004 ⁽²⁾	09/24/2013	Common Stock, \$.0001 par value	75,000
Option to Purchase Common Stock	\$ 6.52					04/29/2009 ⁽¹⁾	04/29/2018	Common Stock, \$.0001 par value	50,625

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
POSNER BARRY A 100 CLEARBROOK ROAD ELMSFORD, NY 10523			Executive Vice President	

Signatures

/s/ Barry A.
Posner

11/04/2008

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

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.