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 COOK THOMAS A Issuer Symbol HEALTHCARE SERVICES (Check all applicable) **GROUP INC [HCSG]** _X_ Director (Last) (First) (Middle) 3. Date of Earliest Transaction 10% Owner Other (specify X_Officer (give title (Month/Day/Year) below) below) 3220 TILLMAN DRIVE, SUITE 01/03/2008 President and COO 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 6. Ownership 1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities 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) (Month/Day/Year) (Instr. 8) Owned (I) Ownership (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)

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	Transaction of Derivative	Expiration Date	of Underlying	De

Edgar Filing: HEALTHCARE SERVICES GROUP INC - Form 4

Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed (D) (Instr. 3, 4 and 5)	l l of	(Month/Day/Y	ear)	Securities (Instr. 3 and	4)	Se (II
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock option	\$ 20.89	01/03/2008		А	5,000		01/03/2009	01/03/2018	common stock	5,000	\$
Stock option	\$ 20.89	01/03/2008		А	5,000		01/03/2010	01/03/2018	common stock	5,000	\$
Stock option	\$ 20.89	01/03/2008		А	5,000		01/03/2011	01/03/2018	common stock	5,000	\$
Stock option	\$ 20.89	01/03/2008		А	5,000		01/03/2012	01/03/2018	common stock	5,000	\$
Stock option	\$ 20.89	01/03/2008		А	5,000		01/03/2013	01/03/2018	common stock	5,000	\$

Reporting Owners

Reporting Owner Name / Address		R		
	Director	10% Owner	Officer	Other
COOK THOMAS A 3220 TILLMAN DRIVE SUITE 300 BENSALEM, PA 19020	Х		President and COO	
Signatures				

/s/ Thomas Cook	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.