#### Edgar Filing: HEALTHCARE SERVICES GROUP INC - Form 4

#### HEALTHCARE SERVICES GROUP INC

Form 4

January 07, 2008

### FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

OMB Number:

3235-0287

0.5

January 31, Expires: 2005

**OMB APPROVAL** 

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if no longer subject to Section 16. Form 4 or Form 5

obligations

Check this box

**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

may continue. See Instruction

30(h) of the Investment Company Act of 1940

1(b).

(Last)

(Print or Type Responses)

1. Name and Address of Reporting Person \* FROME ROBERT L

(First)

(Street)

2. Issuer Name and Ticker or Trading

Issuer

below)

Symbol

(Check all applicable)

5. Relationship of Reporting Person(s) to

HEALTHCARE SERVICES **GROUP INC [HCSG]** 

3. Date of Earliest Transaction

X\_ Director 10% Owner Officer (give title Other (specify

(Month/Day/Year) 3220 TILLMAN DRIVE, SUITE 01/03/2008

(Middle)

300

Security

(Instr. 3)

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check Applicable Line)

Filed(Month/Day/Year)

Code

(Instr. 8)

(Month/Day/Year)

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

(Instr. 4)

BENSALEM, PA 19020

(City) (State) (Zip) 1. Title of 2. Transaction Date 2A. Deemed

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 3. 4. Securities (Month/Day/Year) Execution Date, if TransactionAcquired (A) or

Disposed of (D)

(Instr. 3, 4 and 5)

5. Amount of Securities Beneficially Owned

Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial Ownership (I)

(Instr. 4)

Reported (A) Transaction(s) (Instr. 3 and 4)

or

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

information contained in this form are not required to respond unless the form displays a currently valid OMB control

(9-02)

SEC 1474

number.

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

1. Title of Derivative Conversion 3. Transaction Date 3A. Deemed (Month/Day/Year) Execution Date, if

Transactionof

5. Number 6. Date Exercisable and **Expiration Date** 

7. Title and Amount of Underlying

8. P1

Deri

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8	3)	Securi Acquir (A) or Dispos of (D)	Disposed of (D) (Instr. 3, 4,		ear)	Securities (Instr. 3 and 4)		Secu (Inst
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock option	\$ 20.89	01/03/2008		A		998		01/03/2009	01/03/2018	common stock	998	\$ 2
Stock option	\$ 20.89	01/03/2008		A		998		01/03/2010	01/03/2018	common stock	998	\$ 2
Stock option	\$ 20.89	01/03/2008		A		998		01/03/2011	01/03/2018	common stock	998	\$ 2
Stock option	\$ 20.89	01/03/2008		A		998		01/03/2012	01/03/2018	common stock	998	\$ 2
Stock option	\$ 20.89	01/03/2008		A		998		01/03/2013	01/03/2018	common stock	998	\$ 2

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
1 0	Director	10% Owner	Officer	Other			
FROME ROBERT L 3220 TILLMAN DRIVE SUITE 300 BENSALEM, PA 19020	X						

## **Signatures**

/s/ Robert L.
Frome

\*\*Signature of Reporting Person

O1/07/2008

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.

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