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

HEALTHCARE SERVICES GROUP INC Form 4 March 09, 2016 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 Casey Diane S Issuer Symbol HEALTHCARE SERVICES (Check all applicable) **GROUP INC [HCSG]** (Last) (First) (Middle) 3. Date of Earliest Transaction X\_ Director 10% Owner Officer (give title Other (specify (Month/Day/Year) below) below) 3220 TILLMAN DRIVE, SUITE 03/07/2016 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 1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities Acquired (A) 5. Amount of 6. 7. Nature of Security (Month/Day/Year) Execution Date, if Transaction Disposed of (D) Securities Ownership Indirect (Instr. 3) any Code (Instr. 3, 4 and 5) Beneficially Form: Beneficial (Month/Day/Year) Owned Direct (D) Ownership (Instr. 8) Following or Indirect (Instr. 4) Reported (I)(A) Transaction(s) (Instr. 4) or (Instr. 3 and 4) Code V Amount (D) Price Common 03/07/2016 A \$17.5 D Μ 4,001 4,001 Stock Common 03/07/2016 3.001 \$ 23.5 D M A 7,002 Stock Common 03/07/2016 Μ 2,001 A \$28.02 9,003 D Stock Common D 03/07/2016 Μ 1.001 A \$ 30.3 10,004 Stock Common 03/07/2016 S 10,004 D D 0 35.5939 Stock

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

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.

# 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. Transactio Code (Instr. 8)	5. Number onof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisal Expiration Date (Month/Day/Yea		7. Title and A Underlying S (Instr. 3 and	Securities
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 17.5	03/07/2016		М	4,001	01/05/2013 <u>(1)</u>	01/05/2022	Common Stock	4,001
Stock Option (right to buy)	\$ 23.5	03/07/2016		М	3,001	01/04/2014(2)	01/04/2023	Common Stock	3,001
Stock Option (right to buy)	\$ 28.02	03/07/2016		М	2,001	01/03/2015 <u>(3)</u>	01/03/2024	Common Stock	2,001
Stock Option (right to buy)	\$ 30.3	03/07/2016		М	1,001	01/05/2016	01/05/2025	Common Stock	1,001

### **Reporting Owners**

Reporting Owner Name / Address	Relationships					
I. S.	Director	10% Owner	Officer	Other		
Casey Diane S 3220 TILLMAN DRIVE SUITE 300 BENSALEM, PA 19020	Х					

## Signatures

/s/ John C. Shea, by Power of Attorney

03/09/2016

\*\*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) 25% vested on each of 1/5/2013, 1/5/2014, 1/5/2015 and 1/5/2016.
- (2) 33 1/3% vested on each of 1/4/2014, 1/4/2015 and 1/4/2016.
- (3) 50% vested on each of 1/3/2015 and 1/3/2016.

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.