#### 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

**SECURITIES** 

OMB Number:

3235-0287

**OMB APPROVAL** 

Expires:

January 31, 2005

0.5

Estimated average

burden hours per

response...

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

obligations

may continue.

See Instruction

Check this box

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 \* **BRIGGS JOHN** 

2. Issuer Name and Ticker or Trading

Issuer

below)

Symbol

HEALTHCARE SERVICES **GROUP INC [HCSG]** 

(Check all applicable)

(Last)

(First) (Middle) 3. Date of Earliest Transaction

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

5. Relationship of Reporting Person(s) to

(Month/Day/Year) 01/03/2008

3220 TILLMAN DRIVE, SUITE

(Street)

300

4. If Amendment, Date Original

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

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

(Instr. 4)

Filed(Month/Day/Year)

BENSALEM, PA 19020

(City) (State) (Zip)

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

1. Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of Securities Beneficially Owned

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

Reported

Transaction(s) (Instr. 3 and 4)

Following

Code V Amount (D) Price

(A)

or

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)

(Instr. 4)

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)			any (Month/Day/Year)	Code (Instr. 8)	Sec Ac (A) Dis of (	curit quir or spos (D)	ed	(		Securities (Instr. 3 and	4)	Secu (Inst
				Code V	' (A	<b>v</b> )	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock option	\$ 20.89	01/03/2008		A	99	8		01/03/2009	01/03/2018	common stock	998	\$ 2
Stock option	\$ 20.89	01/03/2008		A	99	8		01/03/2010	01/03/2018	common stock	1,996	\$ 2
Stock option	\$ 20.89	01/03/2008		A	99	8		01/03/2011	01/03/2018	common stock	2,994	\$ 2
Stock option	\$ 20.89	01/03/2008		A	99	8		01/03/2012	01/03/2018	common stock	3,992	\$ 2
Stock option	\$ 20.89	01/03/2008		A	99	8		01/03/2013	01/03/2018	common stock	4,990	\$ 2

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
Topolong of not it and it is a second	Director	10% Owner	Officer Other				
BRIGGS JOHN 3220 TILLMAN DRIVE SUITE 300 BENSALEM, PA 19020	X						

## **Signatures**

/s/ JohnM.
Briggs

\*\*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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