Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: Estimated average burden hours per response: 0.5

| Filed pursuant to Section 16(a) of the Securities Exchange Act of 1 | 193 |
|---|-----|
| or Section 30(h) of the Investment Company Act of 1940 | |

| Name and Address of Reporting Person* McMahon John | | | | | 2. Issuer Name and Ticker or Trading Symbol BioScrip, Inc. [BIOS] | | | | | | | | heck all appli | , | | on(s) to Issuer 10% Owner Other (specify | | |
|--|--|--|--|--|---|--|-----|---|---|---|---|--|--|---|---|---|---|--|
| (Last) 1600 BR | ast) (First) (Middle) 500 BROADWAY, SUITE 700 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/29/2018 | | | | | | | | X Onler (give title Other (specify below) Chief Accounting Officer | | | | |
| (Street) DENVE | ENVER CO 80202 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X 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 | | | | | | | | | | | | | | | | | |
| '''' ''' ' | | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | , Transaction Disposed Code (Instr. 5) | | rities Acquired (A) o ed Of (D) (Instr. 3, 4 | | Benefici Owned F | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code V | | Amount | (A) oi (D) | Price | | rted saction(s) . 3 and 4) | | | (Instr. 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/Yea | 4. Tran | saction e (Instr. | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisal Expiration Date (Month/Day/Year | | able and 7. Title an | | d Amounies g Security | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | Ownershi Form: Direct (D) or Indirect (I) (Instr. 4 | | Beneficial Ownership t (Instr. 4) | |
| | | | | Code | e V | (A) | (D) | Date Exercisab | | expiration vate | Title | Amount or Number of Shares | 1 | | | | | |
| Employee Stock Option (Right to Buy) | \$2.65 | 10/29/2018 | | A | | 39,998 | | (1) | 1 | 0/29/2028 | Common Stock, \$.0001 Par Value | 39,998 | \$0 | 39,998 | 3 | D | | |
| Restricted Stock Unit | (2) | 10/29/2018 | | A | | 25,943 | | (3) | | (4) | Common Stock, \$.0001 Par Value | 25,943 | \$0 | 25,943 | 3 | D | | |

Explanation of Responses:

- 1. Vests and becomes exercisable in three equal annual installments commencing on the first anniversary of the date of grant.
- 2. Each restricted stock unit represents a contingent right to receive one share of Common Stock.
- 3. The Restricted Stock Units vests in three equal annual installments commencing on the first anniversary of the date of grant.
- 4. The Restricted Stock Units vests in three equal annual installments commencing on the first anniversary of the date of grant.

10/31/2018 /s/ John McMahon

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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.

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 Number.