SEC F	orm 4
-------	-------

## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

## OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

hours per response:	0.5
Estimated average burden	

1. Name and Address of Reporting Person* Cormier Barbara					2. Issuer Name <b>and</b> Ticker or Trading Symbol BioScrip, Inc. [BIOS]									ck all applica Director Officer (	able)	) Pers	rson(s) to Issuer 10% Owner Other (specify		
(Last) (First) (Middle) 100 CLEARBROOK ROAD						Date c /07/2		t Tran	isaction (Mor	nth/D	0ay/Year)		below)	Compliar	nce O	below) Officer			
(Street) ELMSFORD NY 10014 (City) (State) (Zip)				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
				n-Deri	vativ	e Se	curitie	ς Δ.	cauired (	Disi	nosed o	f or B	enef	icially	/ Owned				
1. Title of Security (Instr. 3) Date			isactio				Code (Instr. 5)					) or	5. Amour Securitie Beneficia Owned F	S Forr Ily (D) ( bllowing (I) (I		n: Direct r Indirect Istr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) (D)	or F	Price	Reported Transacti (Instr. 3 a	tion(s)			(Instr. 4)	
Common	Stock, \$.00	001 Par Value													12,246		D		
	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)	erviative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		Date,	4. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5) Benefic Owned Followi Report Transa (Instr. 4		e 6 Ily I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	or Nu of	nount Imber ares					
Employee Stock Option	\$7.52	05/07/2012			A		20,000		05/07/2013 <sup>(</sup>	(1)	05/07/2022	Commo Stock, \$.0001 Par Value		),000	\$7.52	\$7.52 20,000		D	
Employee Stock Option	\$6								07/01/2006	5 (	07/01/2015	Commo Stock, \$.0001 Par Value		460		460		D	
Employee Stock Option	\$2.47								11/01/2007	7	11/01/2016	Commo Stock, \$.0001 Par Value	<sup>n</sup> 12	2,000		12,00	0	D	
Employee Stock Option	\$6.52								04/29/2009	) (	04/29/2018	Commo Stock, \$.0001 Par Value		),687		19,68	7	D	
Employee Stock Option	\$2.73								04/28/2010 <sup>(</sup>	1)	04/28/2019	Commo Stock, \$.0001 Par Value		),000		20,00	0	D	
Employee Stock Option	\$6.65								06/16/2011 <sup>(</sup>	1) (	06/16/2020	Commo Stock, \$.0001 Par Value		5,000		15,00	0	D	
Employee Stock Option	\$4.42								04/26/2012 <sup>(</sup>	1) (	04/26/2021	Commo Stock, \$.0001 Par Value		),000		50,00	0	D	

## Explanation of Responses:

1. Vests and becomes exercisable in three equal annual installments commencing on the first anniversary of the date of grant.

<u>/s/ Barbara Cormier</u>

05/08/2012

\*\* Signature of Reporting Person

05/06/201. Date

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

 $^{\star}$  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.