FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ı	OMB APPRO	JVAL
l	OMB Number:	3235-0287
l	Estimated average burd	en
l	hours per response:	0.5

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

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

								(11) (11)		v C Su II C I I		ipariy Ac	. 0. 13-	-								
1. Name and Address of Reporting Person* POSNER BARRY A				2. Issuer Name and Ticker or Trading Symbol BioScrip, Inc. [BIOS]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner								
(Last) (First) (Middle) 100 CLEARBROOK ROAD					3. Date of Earliest Transaction (Month/Day/Year) 08/05/2010										X Officer (give title Other (specify below) Executive Vice President							
(Street) ELMSFORD NY 10523				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											
(City)	(S	-	(Zip)																			
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)			ction 2A. Deemed Execution Date,		ate,	a. 3. 4. Securities Acquired (A. Disposed Of (D) (Instr. 3. Code (Instr. 3.		A) or	5. Amour Securitie Beneficia Owned F	nt of 6. Ges Fo (D) (D) Following (I)		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership									
										v	Amount	_	A) or D)	Price	Reported Transact (Instr. 3 a	Transaction(s) (Instr. 3 and 4)			(Instr. 4)			
Common	Stock, \$.00	001 Par Value		08/05/						P		10,00		A	\$4.18		126		D			
			Table II - D									osed of onverti				Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/Y	Co	Transaction of Expiration Date of Secur Code (Instr. Derivative (Month/Day/Year) Underlyi		urities lying itive Sec	urity	8. Price of Derivative Security (Instr. 5)	tive derivative ty Securities		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)									
				Co	ode	v	(A)	(D)	Date Exe	e rcisable	E) Dá	piration ate	Title	or Nu	ount mber Shares							
Employee Stock Option (Right to Buy)	\$12.2								11/2	28/2002 ⁽¹⁾	11	/28/2011	Comn Stoc \$.000 Par Valu	k,)1 70),000		70,000	0	D			
Employee Stock Option (Right to Buy)	\$7.95								09/2	24/2004 ⁽¹	09	/24/2013	Comn Stoc \$.000 Par Valu	k, 01 75	5,000		75,000		D			
Employee Stock Option (Right to Buy)	\$6								02/2	28/2007 ⁽¹	06	/30/2015	Comn Stoc \$.000 Par Valu	k, 01 13	3,800		13,800	0	D			
Employee Stock Option (Right to Buy)	\$2.47								11/0)1/2007 ⁽¹⁾	11	/01/2016	Comn Stoc \$.000 Par Valu	k,)1 15	8,587		158,58	37	D			
Option To Purchase Common Stock	\$6.52								04/2	29/2009 ⁽²	04	/29/2018	Comn Stoc \$.000 Par Valu	k, 01 50),625		50,62	5	D			
Option To Purchase Common Stock	\$2.73								04/2	28/2010 ⁽²⁾	04	/28/2019	Comn Stoc \$.000 Par Valu	k, 01 10	0,000		100,00	00	D			
Employee Stock Option (Right to Buy)	\$6.65								06/1	16/2011 ⁽²⁾	06	/16/2020	Comn Stoc \$.000 Par Valu	k, 01 50),000		50,000	0	D			

Explanation of Responses:

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

/s/ Barry A. Posner

08/05/2010

** 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.