FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

Neumann Steven			Date of Event equiring Staten Month/Day/Year 1/20/2017	nent	3. Issuer Name and Ticker or Trading Symbol BioScrip, Inc. [BIOS]							
(Last) (First) (Middle) C/O BIOSCRIP, INC.					telationship of Reporting Person(s) to Issuer eck all applicable) X Director 10% Owner		- 1	5. If Amendment, Date of Original Filed (Month/Day/Year)				
1600 BROADWAY, SUITE 700					Officer (give title below)		Other (specify below)		6. Individual or Joint/Group Filing (Check Applicable Line)			
(Street) DENVER	СО	80202								by One Reporting Person by More than One Person		
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)					Beneficially Owned (Instr. 4) For or I				Nature of Indirect Beneficial Ownership estr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securiti Underlying Derivative Security		ty (Instr. 4) Conve		ise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiratio Date	n Title	e	Amount or Number of Shares	Price of Derivativ Security				

Explanation of Responses:

No securities are beneficially owned.

/s/ Steven Neumann

01/30/2017

** Signature of Reporting Person D

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 5 (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.