FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|------------------|-------------------|---------------|------------------|

| OMB APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average b | ourden | | | | | | | | |

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 Sec | tion 30(n) | or the | investmen | Cor | npany Act | 01 1940 | | | | | | |
|--|---------|--|---|--|---|-----------------------|--|---------------------------|---|---------------------|---|--|---|--|--|--------------------|--------|
| 1. Name and Address of Reporting Person* SMITH RICHARD M | | | 2. Issuer Name and Ticker or Trading Symbol BioScrip, Inc. [BIOS] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| SMITH RICHARD M | | | | | <u></u> | <u> </u> | 3100] | | | | | X Director | | | 10% Ow | ner | |
| (Last) | (F | First) | (Middle) | | Date of Earliest Transaction (Month/Day/Year) | | | | | | | \dashv | X Officer (below) | give title | | Other (s below) | pecify |
| C/O BIOSCRIP, INC. | | | | | 05/29/2014 | | | | | | | President and CEO | | | | | |
| 100 CLEARBROOK ROAD | | | | | | | | | | | | | | | | | |
| 100 CLE | ARDROOF | X KUAD | | - | I If Am | andmant | Doto | of Original F | ilod | (Month/Do | /\/oor\ | - | ndividual or Jo | int/Croup | Filing | (Chook App | iooblo |
| (Street) | | | | | i. II AIII | enument, | Dale | Ji Oligiliai F | ileu | (MOHUI/Day | y/ real) | Line | | JillyGroup | Filling | (Спеск Арр | icable |
| ELMSFO | ORD N | V | 10523 | | | | | | | | | | X Form fil | ed by One | Repo | ting Person | |
| LLIVIOI | JILD IV | - | 10020 | | | | | | | | | | | ed by More | e than | One Report | ing |
| (City) | (9 | State) | (Zip) | | | | | | | | | | Person | | | | |
| | | Та | ւble I - Non-Ը | Derivat | ive S | ecuritie | s Ac | quired, | Dis | osed o | f, or Be | neficiall | y Owned | | | | |
| Date | | | | action 2A. Deemed Execution Date if any (Month/Day/Yea | | Code (Instr. | | ed (A) or tr. 3, 4 and | Beneficia Owned Fo | Form (D) or | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | Code | v | Amount | (A) o | Price | Reported Transaction (Instr. 3 and | ion(s) | | 1 | Instr. 4) | |
| | | | Table II - De | erivativ .g., put | e Sed s, cal | curities Ils, warı | Acq | uired, D | ispo s, c | sed of, onvertil | or Bendole secu | eficially rities) | Owned | , | | · | 1 |
| Derivative Conversion Date Execution Date Security or Exercise (Month/Day/Year) if any | | 3A. Deemed Execution Date, if any (Month/Day/Year | 4. Transaction Code (Instr. 8) | | Derivative | | 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) | 9. Number of derivative Securities Beneficially Owned Following Reported | e S Ily | 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 | Amount or Number of Shares | | Transacti (Instr. 4) | on(s) | | |
| Employee Stock Option (Right to | \$7.71 | 05/29/2014 | | A | | 150,000 | , , | 05/29/2015 | | 05/29/2024 | Common Stock, \$.0001 Par | 150,000 | \$0 | 150,00 | 00 | D | |

Explanation of Responses:

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

/s/ Kimberlee C. Seah, attorneyin-fact for Mr. Smith 06/02/2014

** 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.