SEC Form 4	
------------	--

ſ

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number: 3235-028									
Estimated average burden									
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).

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

1. Name and Address of Reporting Person [*] Bogusz Patricia						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 X Officer (give title Other (specify						
(Last) (First) (Middle) 100 CLEARBROOK ROAD						3. Date of Earliest Transaction (Month/Day/Year) 03/08/2012								A below) below) Vice President, Finance						
(Street) ELMSFORD NY 10523 (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								
(City)	(5	State)					Dia			- f i a i a ll										
1. Title of Security (Instr. 3) Date			sacti				auired, Disposed of, or Benefici 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 a)					or 5. Amount of and 5) Securities Beneficially Owned Following			Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	mount (A) or (D) Pr		Reporte Transac (Instr. 3	tion(s) and 4)	14)		(Instr. 4)			
<u> </u>		Value \$0.0001 P	er Share									_		3,028			D			
Common Stock, \$.0001 Par Value ⁽²⁾ 7,875 D Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
	1										onvertib	le secui	ities)					-		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Ye	C0	ansac Ide (Ir		5. Number Derivative Securities Acquired (A Disposed o (D) (Instr. 3, and 5)	A) or	6. Date E Expiration (Month/D	n Date	e of Securities			Derivativ Security	e derivati Securiti Benefic Owned Followi Reporte	ve ies ially ng ed	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
				Co	ode	v	(A)	(D)	Date Exercisat	ble	Expiration Date	Title	Amount or Number of Share		Transac (Instr. 4					
Employee Stock Option	\$6.62	03/08/2012		A	4		100,000 ⁽¹⁾		03/08/20	13	03/08/2022	Common Stock, \$.0001 Par Value	100,00	\$6.62	100,	100,000		100,000 D		
Employee Stock Option	\$6.49								10/24/200	6 ⁽¹⁾	10/24/2015	Common Stock, \$.0001 Par Value	5,000)	5,000		D			
Employee Stock Option	\$2.47								11/01/200	7 ⁽¹⁾	11/01/2016	Common Stock, \$.0001 Par Value	9,000)	9,0	9,000		9,000		
Employee Stock Option	\$6.52								04/29/200	9(1)	04/29/2018	Common Stock, \$.0001 Par Value	19,68	7	19,6	19,687		19,687		
Employee Stock Option	\$2.73								04/28/201	0 ⁽¹⁾	04/28/2019	Common Stock, \$.0001 Par Value	20,00	0	20,0	20,000		20,000		
Employee Stock Option	\$6.46								07/27/201	1 ⁽¹⁾	07/27/2020	Common Stock, \$.0001 Par Value	10,00	0	10,0	10,000				
Employee Stock Option	\$4.24				T				03/01/201	2 ⁽¹⁾	03/01/2021	Common Stock, \$.0001 Par Value	20,00	0	20,0	20,000				

Explanation of Responses:

\$4.42

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

2. Unvested

Employee

Stock Option

50,000

Common

Stock,

\$.0001 Par Value

04/26/2021

04/26/2012

Date

50,000

D

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.