Instruction 1(b).

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	STATEMENT OF CHANGES IN BENEFICIAL	OWNERSHIP
obligations may continue. See		

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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

Name and Address of Reporting Person* DIFAZIO LOUIS DR						2. Issuer Name and Ticker or Trading Symbol BioScrip, Inc. [BIOS]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
DIFAL		את פו			. 🗀		1-/		1						X Director 10% Owner Officer (give title Other (spec					
(Last) (First) (Middle) 100 CLEARBROOK ROAD						3. Date of Earliest Transaction (Month/Day/Year) 05/23/2006									Office below			Other (: below)	specify	
					. 4.1	lf Am	endment,	Date	of Original I	Filed	(Month/Da	ay/Ye	ar)		6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) ELMSFORD NY 10523												LII	X Form	filed by Mo		Reporting Person e than One Reporting				
(City)	(5	State)	(Zip)												Perso	n				
		Tal	ole I - Nor	า-Deriv	ativ	e Se	curitie	s A	cquired,	Dis	posed o	of, o	r Ben	eficia	lly Owne	t				
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)			2A. Deemed Execution Date, if any (Month/Day/Year		e, Transaction Di Code (Instr. 5)		Dispose	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			Benefic Owned	es ially Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount		(A) or (D)	Price	Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common	Stock, \$.0	001 par value													2	,500	500 D			
									quired, D						y Owned					
1. Title of	2.	3. Transaction	3A. Deeme		uis, 4.	Cai	5. Nun		s, option			_			8. Price of	9. Numbe	r of	10.	11. Nature	
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security		Execution I if any (Month/Day	Date, 1	 Transa Code (I B)		of	Expiration Date (Month/Day/Year) of Set Unde Deriv (Instructions)		7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		Derivative Security	derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4)	e s Illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	1	Amount or Number of Shares	1					
Option to Purchase Common Stock	\$5.33	05/23/2006			A		5,000		05/23/2007 ⁽	(1)	05/23/2016	\$.0	nmon ock, 001 value	5,000	\$0	5,000	0	D		
Option to Purchase Common Stock	\$4.69								(2)	C	5/27/2008	\$.0	nmon ock, 0001 value	20,000		20,00	0	D		
Option to Purchase Common Stock	\$9.94								06/04/2003 ⁽	(1)	06/04/2012	\$.0	nmon ock, 001 value	5,000		5,000)	D		
Option to Purchase Common Stock	\$6.58								06/05/2004 ⁽	(1)	06/05/2013	\$.0	nmon ock, 001 value	5,000		5,000)	D		
Option to Purchase Common Stock	\$7.68								05/25/2005 ⁽	(3)	05/25/2014	\$.0	nmon ock, 001 value	5,000		5,000)	D		
Option to Purchase Common	\$5.29								05/25/2006 ⁽	(1)	5/25/2015	Sto	nmon ock,	5,000		5,000	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.
- 3. Vests and becomes exercisable in three equal annual installments commencing on May 25, 2005.

/s/ DiFazio, Louis T.

05/24/2006

** 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.