SEC Form 4

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 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 OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response: 0.5

					0	sect	uon 30	(II) OF t	ne investmen		npany Ac	101 1940								
1. Name and Address of Reporting Person* <u>POSNER BARRY A</u>						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) 11/02/2007									X Officer (give title Other (specify below) below) Executive Vice President					
(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					
(- 5)	(-			n Dori	Votiv		ouri	tion (Acquired	Dia	noood	of or	Ponot	ioiolly	(Ourpod					
Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Trans Date (Month/				Isactio	n	2A. Deemed Execution Date, if any (Month/Day/Year)		ate, 3. Code (I	ction	4. Securities Acquired (A) tion Disposed Of (D) (Instr. 3,) or	5. Amount of Securities Beneficially Owned Following				7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(/ (I	() or ()	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock, \$.0001 par value 11/02)2/20(/2007		F		14,9	14,987 I		\$ <mark>8.15</mark>	102,627		D					
Common Stock, \$.0001 par value														2,600			I	Joint With Spouse ⁽¹⁾		
									cquired, D nts, option						Owned			i		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		n of l		6. Date Exercisabl Expiration Date (Month/Day/Year)		of Secu Underl Derivat		vative Security r. 3 and 4)		8. Price of Derivative Security (Instr. 5) 9. Numb derivativ Securiti Beneficio Owned Followir Reporte Transac (Instr. 4)		e s dly g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Benefici Owners (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		cpiration ate	Title	or Nur	ount nber hares						
Employee Stock Option	\$6								02/28/2007 ⁽²	:) 06	6/30/2015	Commo Stock \$.000 par valu	13	,800		13,80	10	D		
Employee Stock Option	\$2.47								11/01/2007 ⁽³) 11	/01/2016	Commo Stock \$.000 par valu	15	3,587		158,58	87	D		
Employee Stock Option (Right to Buy Common Stock)	\$ 6.5								(2)	07	7/06/2008	Commo Stock \$.000 par valu	50	,000		50,000		D		
Employee Stock Option (Right to Buy Common Stock)	\$4.5								(2)	12	2/02/2008	Commo Stock \$.000 par valu	13	,166		13,16	6	D		
Employee Stock Option (Right to Buy Common Stock)	\$12.2								11/28/2002 ⁽³)) 11	//28/2011	Commo Stock \$.000 par valu	70	,000		70,00	0	D		
Employee Stock Option (Right to Buy)	\$7.95								09/24/2004 ⁽³	⁽⁾ 09)/24/2013	Commo Stock \$.000 par valu	75	,000		75,00	0	D		

Explanation of Responses:

1. These shares of Common Stock are owned jointly with his wife and he shares voting and dispositive power with his wife over these shares

2. Fully Vested

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

Barry A. Posner

11/05/2007

Date

** Signature of Reporting Person

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.