Edgar Filing: HUDSON RICHARD W - Form 4

HUDSON RI	CHARD W											
Form 4												
May 24, 2011												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION										PROVAL		
	UNITED	DIAILS					NGE C		OMB Number:	3235-0287		
Check this box			Washington, D.C. 20549							January 31		
if no long subject to	ENT OI	F CHAN	GES IN	BENEFI	NERSHIP OF	Expires:	2005					
Section 16.				SECUR	Estimated average burden hours per							
Form 4 or								response 0.5				
Form 5 obligation	· ·						•	e Act of 1934,				
may conti	nue. Section 17(2			vestment	•	- ·		1935 or Section	n			
See Instru 1(b).	ction	50(II)	of the m	vestment	Compan	y Ac	ι 01 194	0				
1(0).												
(Print or Type R	esponses)											
		*										
1. Name and Ad HUDSON R	erson _	2. Issuer Name and Ticker or Trading					5. Relationship of Reporting Person(s) to Issuer					
nebson			Symbol	HCARE	SERVIC	FC						
		HEALTHCARE SERVICES GROUP INC [HCSG]					(Check all applicable)					
(Last)	(First) (N	liddle)		E Earliest Tr	-			Director	10%	Owner		
			(Month/Day/Year)					XOfficer (give titleOther (specify below)				
3220 TILLM	05/24/2	011				Chief Financial Officer						
300												
	(Street)			ndment, Da	-			6. Individual or Jo	int/Group Filin	g(Check		
		Filed(Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person					
BENSALEN	I, PA 19020							Form filed by M Person				
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	y Owned		
1.Title of	2. Transaction Date			3.	4. Securit			5. Amount of	6. Ownership			
Security (Instr. 3)	(Month/Day/Year)	Execution any	n Date, if	Code	on(A) or Di (Instr. 3,	-		Securities Beneficially	Form: Direct (D) or	Indirect Beneficial		
(Day/Year)	(Instr. 8)				Owned	Indirect (I)	Ownership		
								Following Reported	(Instr. 4)	(Instr. 4)		
						(A)		Transaction(s)				
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common	05/19/2011	05/24/2	011	S	733	D	\$	11,329	D			
stock	03/19/2011	03/24/2	011	5	155	D	17.89	11,529	D			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. or/Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	umber Expiration Date (Month/Day/Year) erivative ecurities cquired () or isposed (D)		7. Titl Amou Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Edgar Filing: HUDSON RICHARD W - Form 4

Reporting Owners

Reporting Owner Name / Addr	Relationships						
	Director	10% Owner	Officer	Other			
HUDSON RICHARD W 3220 TILLMAN DRIVE SUITE 300 BENSALEM, PA 19020			Chief Financial Officer				
Signatures							
Richard W Hudson	05/24/2011						
<u>**</u> Signature of Reporting Person	Date						

Explanation of Responses:

* 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.