## Edgar Filing: HEALTHCARE SERVICES GROUP INC - Form 4

HEALTHCARE SERVICES GROUP INC Form 4 December 06, 2012

FORM	14 UNITED	STATES SI	CUDITIES A	ND FY	~ <b>н</b> л	NCF CO	MMISSION		PROVAL	
Washington, D.C. 20549							OMB Number:	3235-0287		
Check th if no long	ner	box								
subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Estimated average burden hours per										
(Print or Type ]	Responses)									
1. Name and A FROME RO	Address of Reporting DBERT L	Sy H	2. Issuer Name and mbol EALTHCARE ROUP INC [H <sup>0</sup>	SERVIC		-0	5. Relationship of I ssuer (Check	Reporting Pers		
(			3. Date of Earliest Transaction (Month/Day/Year) 12/04/2012				X_ Director 10% Owner Officer (give title Other (specify below) below)			
	(Street)	4. If Amendment, Date Original Filed(Month/Day/Year)				1	<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul>			
BENSALE	M, PA 19020					-	Form filed by Mo Person			
(City)	(State)	(Zip)	Table I - Non-I	Derivative	Secur	ities Acqui	ired, Disposed of,	or Beneficial	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Da any (Month/Day/	Code Year) (Instr. 8)	oror Dispose (Instr. 3, 4	ed of ( and 5 (A) or	j)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	12/04/2012		Code V M	Amount 10,800	(D) A	Price \$ 6.0681	53,481	D		
Common Stock	12/06/2012		S	13,300	D	\$ 23.63	40,181	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.

## Edgar Filing: HEALTHCARE SERVICES GROUP INC - Form 4

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option	\$ 6.0681	12/04/2012		М	10,800	06/27/2005	12/27/2014	Common Stock	10,800

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
FROME ROBERT L 3220 TILLMAN DRIVE SUITE 300 BENSALEM, PA 19020	X						
Signatures							
/S/ Michael Harrity, by power of attorney	of 12/06/2012						
<b>**</b> Signature of Reporting Person		Da	ite				

\*\*Signature of Reporting Person

## **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.