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Hurlock David										
Form 4										
September 11, 2	017									
FORM 4			GEOU	DIFIED					PPROVAL	
Washington, D.C. 20549								N OMB Number:	3235-02	-
Check this box if no longer							Expires:	January 21	31, 005	
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Section 16. Form 4 or							Estimated burden hou	Estimated average burden hours per		
Form 5 obligations may continue. See Instructio 1(b).	Section 17(a) of the l	Public U	Jtility Ho	olding Co		inge Act of 1934, t of 1935 or Secti 1940			0.5
(Print or Type Respo	onses)									
1. Name and Address of Reporting Person <u>*</u> Hurlock David			2. Issuer Name and Ticker or Trading Symbol			5. Relationship of Reporting Person(s) to Issuer				
	HEALTHCARE SERVICES GROUP INC [HCSG]				(Check all applicable)					
(Last) (First) (Middle)			3. Date of Earliest Transaction				Director 10% Owner X Officer (give title Other (specify			
3220 TILLMAN DRIVE, SUITE 300			(Month/Day/Year) 09/07/2017			below) below) Executive Vice President & COO				
	4. If Amendment, Date 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 						
BENSALEM, P	'A 19020						Person		1 0	
(City)	(State)	(Zip)	Tal	ole I - Non	-Derivative	e Securities A	Acquired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deem Execution any (Month/D		Date, if TransactionAcquired (A) Code Disposed of (l (A) or l of (D)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature o Indirect Beneficial Ownership (Instr. 4)			
						(A)	Transaction(s)			
				Code V	' Amount	or (D) Price	(Instr. 3 and 4)			
Reminder: Report o	n a separate line	e for each cl	ass of sec	urities ben	eficially ow	ned directly	or indirectly.			
					inforı requi	nation con red to resp ays a curre	spond to the colle tained in this forn ond unless the fo ently valid OMB co	n are not rm	SEC 1474 (9-02)	
	Tab					sposed of, or convertible	Beneficially Owner securities)	d		

1. Title of
Derivative2.3. Transaction Date3A. Deemed4.5. Number6. Date Exercisable and
Expiration Date7. Title and Amount of
Underlying Securities8. Pr1. Title of
DerivativeConversion(Month/Day/Year)Execution Date, if
Execution Date, ifTransaction of DerivativeExpiration Date7. Title and Amount of
Underlying Securities8. Pr

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	of	(Month/Day/Year)		(Instr. 3 and 4)	
				Code V	(A) (A	D) Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	\$ 0 <u>(1)</u>	09/07/2017		А	6,406	(2)	(2)	Common Stock	6,406	\$

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Hurlock David 3220 TILLMAN DRIVE SUITE 300 BENSALEM, PA 19020			Executive Vice President & COO				
Signatures							
John C. Shea, by Power of Attorney		09/11/2017					
**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).
- (1) Shares issued at the conversion rate of 1-for-1.
- (2) These Restricted Stock Units shall vest at the rate of 20% annually, commencing on the first anniversary of the September 7, 2017 grant date.

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.