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Form 4													
January 04, 2019													
FORM 4	UNITED	STATES						NGE	COMMISSION	N OMB	2235-0		
Check this box			Wa	shing	ton,	D.C. 20)549			Number:			
if no longer subject to Section 16. Form 4 or Form 5	STATEN	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								Estimated burden hou	Expires: January 3 20 Estimated average burden hours per response 0		
obligations may continue. <i>See</i> Instruction 1(b).	·	a) of the l	Public U	Jtility I	Holo		npan	y Act	of 1935 or Section	on			
(Print or Type Respon	ises)												
1. Name and Address of Reporting Person <u>*</u> Casey Diane S			2. Issuer Name and Ticker or Trading Symbol HEALTHCARE SERVICES GROUP INC [HCSG]					ing	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Middle) 3220 TILLMAN DRIVE, SUITE 300			3. Date of Earliest Transaction (Month/Day/Year) 01/04/2019						X_ Director 10% Owner Officer (give title Other (specify below) below)				
(S BENSALEM, PA		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 Person 						
(City) (S	State)	(Zip)	Tab	ole I - No	on-E	Derivative	Secu	rities A	cquired, Disposed	of, or Beneficia	lly Owned	L	
	nsaction Date th/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	Code		4. Securit Acquired Disposed (Instr. 3, -	(A) o of (D)	Securities	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature Indirect Beneficial Ownershi (Instr. 4)	1	
				Code	V	Amount	(D)	Price	(Instr. 5 and 4)				
Reminder: Report on	a separate line	for each cl	ass of sec	urities b	enef	Perso inforr requi	ons w natio red to ays a	ho res n cont o respo	or indirectly. pond to the colle ained in this form ond unless the fo ntly valid OMB co	are not rm	SEC 1474 (9-02)		
	Tabl								Beneficially Owner securities)	I			

1. Title of	2.	3. Transaction Date	3A. Deemed	4. 5. Num	ber 6.	Date Exercisable and	7. Title and Amount of	8. I
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction of Deriv	vative Ex	piration Date	Underlying Securities	Der

1

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8	 A) A (A) D (D) D (Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Month/Day/Year)		(Instr. 3 and 4)		Sec (In:
				Code `	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 40.49	01/04/2019		А	5	5,001		(1)	01/04/2029	Common Stock	5,001	

Reporting Owners

Reporting Owner Name / Addre	ess	Relationships							
	Director	10% Owner	Officer	Other					
Casey Diane S 3220 TILLMAN DRIVE SUITE 300 BENSALEM, PA 19020	Х								
Signatures									
/s/ John C. Shea	01/04/2019								

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) These options shall vest and become exercisable at the rate of 20% annually, commencing on the first anniversary of the January 4, 2019 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.

<u>**</u>Signature of Reporting Person