Edgar Filing: NASGOVITZ WILLIAM J - Form 4

NASGOVI	TZ WILLIAM J											
Form 4												
November 2	25, 2009											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION										APPROVAL		
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287			
Check t if no lor subject Section Form 4	to STATE 16.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								January 31, 2005 l average burs per 0.5		
Form 4 or Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940												
(Print or Type	Responses)											
1. Name and Address of Reporting Person <u>*</u> NASGOVITZ WILLIAM J			2. Issuer Name and Ticker or Trading Symbol BioScrip, Inc. [BIOS]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(Last) (First) (Middle) 3.			Date of Earliest Transaction				(Check an applicable)				
789 NORTH WATER STREET, SUITE 500			(Month/Day/Year) 11/23/2009					DirectorOfficer (give titleOther (specify below)Other (specify below)				
	(Street)		4. If Am	nendment, I	Date Origin	al		6. Individual or Jo	oint/Group Fil	ling(Check		
Filed(Month/I MILWAUKEE, WI 53202					hth/Day/Year) Ap				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Tal	hle I - Non.	Derivativ	Secu	rities Aca	uired, Disposed o	f or Renefici	ally Owned		
1.Title of Security (Instr. 3)	Title of 2. Transaction Date 2A. Deemed curity (Month/Day/Year) Execution Date, if		3. 4. Securities Acquired (A) Transactionor Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or				5. Amount of Securities Beneficially Owned Following Reported	6. 7. N Ownership Indi Form: Ben Direct (D) Own	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Common Stock	11/23/2009			Code V S	Amount 24,400	(D) D	Price \$ 7.8306	775,600	I	By Investment Partnership		

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)

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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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	Amou Unde Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
NASGOVITZ WILLIAM J 789 NORTH WATER STREET SUITE 500 MILWAUKEE, WI 53202		Х						
Signatures								
Paul T. Beste (pursuant to Power filed)	11/25/2009							
<u>**</u> Signature of Reporting	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).

The shares reported herein are owned directly by an investment partnership and may be deemed to be owned indirectly by the reporting person due to the reporting person's controlling interest in Heartland Holdings, Inc., the parent company of the investment partnership's (1) general partner. The reporting person disclaims beneficial ownership of these shares except to the extent of the reporting person's pecuniary interest in the shares.

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.