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

#### HEALTHCARE SERVICES GROUP INC

Form 4

March 02, 2007

# FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average

burden hours per

**OMB APPROVAL** 

response...

if no longer subject to Section 16. Form 4 or Form 5

Check this box

obligations may continue. See Instruction

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

1(b).

(Last)

(City)

Common

stock

300

(Print or Type Responses)

1. Name and Address of Reporting Person \*

**BRIGGS JOHN** 

(First)

3220 TILLMAN DRIVE, SUITE

(Middle)

(Zip)

(Month/Day/Year) 02/28/2007

Symbol

(Street)

4. If Amendment, Date Original Filed(Month/Day/Year)

HEALTHCARE SERVICES

**GROUP INC [HCSG]** 

3. Date of Earliest Transaction

BENSALEM, PA 19020

(State)

02/28/2007

5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading

Issuer

(Check all applicable)

X\_ Director 10% Owner Officer (give title Other (specify below)

6. Individual or Joint/Group Filing(Check

Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

D

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

						_			=
1.Title of Security	2. Transaction Date (Month/Day/Year)	action Date 2A. Deemed 3. 4. Securities Acquired (ADay/Year) Execution Date, if Transaction Disposed of (D)				* ` ′	5. Amount of Securities	6. Ownership	7. Nature of Indirect
(Instr. 3)		any	Code	(Instr. 3,	4 and	5)	Beneficially	Form:	Beneficial
		(Month/Day/Year)	(Instr. 8)				Owned	Direct (D)	Ownership
							Following	or Indirect	(Instr. 4)
					( )		Reported	(I)	
					(A)		Transaction(s)	(Instr. 4)	
			C 1 W		or	ъ.	(Instr. 3 and 4)		
			Code V	Amount	(D)	Price			
Common stock	02/28/2007		M	5,800	A	\$ 5.6222	39,171	D	

5,800 D

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

S

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

33,371

### 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 proof Derivative 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)		8. D Se (I
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock option	\$ 5.6222	02/28/2007		M	5,800	06/13/2003	12/13/2012	common stock	5,800	\$

# **Reporting Owners**

Reporting Owner Name / Address	Relationships
--------------------------------	---------------

Director 10% Owner Officer Other

BRIGGS JOHN 3220 TILLMAN DRIVE SUITE 300 BENSALEM, PA 19020

X

## **Signatures**

/s/ John M. Briggs 03/02/2007

\*\*Signature of Date
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.

Reporting Owners 2