McBryan Michael E Form 4 January 06, 2012

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

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

Check this box

SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations

may continue. See Instruction 1(b).

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)

(Last)

(City)

stock

300

1. Name and Address of Reporting Person * McBryan Michael E

(First)

(Street)

(State)

2. Issuer Name and Ticker or Trading

Symbol

HEALTHCARE SERVICES **GROUP INC [HCSG]**

3. Date of Earliest Transaction

(Month/Day/Year)

3220 TILLMAN DRIVE, SUITE 01/05/2012

(Middle)

(Zip)

_X__ Director 10% Owner X_ Officer (give title Other (specify

5. Relationship of Reporting Person(s) to

(Check all applicable)

below) Sr VP of Operations

6. Individual or Joint/Group Filing(Check

4. If Amendment, Date Original

Applicable Line)

Filed(Month/Day/Year) _X_ Form filed by One Reporting Person Form filed by More than One Reporting

BENSALEM, PA 19020

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

Issuer

1. Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3) (Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of Securities Beneficially (D) or Owned Following

6. Ownership 7. Nature of Form: Direct Indirect Beneficial Ownership Indirect (I) (Instr. 4) (Instr. 4)

OMB APPROVAL

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

Estimated average

burden hours per

Reported (A) Transaction(s) or (Instr. 3 and 4)

Code V Amount (D) Price Common

 $7,174 \frac{(1)}{2}$ D

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

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.

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. Transactio 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)		88 I S ((
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom stock	\$ 0 (2)	01/05/2012		A	1,479 (3)	01/05/2012	<u>(4)</u>	common stock	1,479	
Stock option	\$ 17.5	01/05/2012		A	3,000	01/05/2013	01/05/2022	common stock	3,000	
Stock option	\$ 17.5	01/05/2012		A	3,000	01/05/2014	01/05/2022	common stock	3,000	
Stock option	\$ 17.5	01/05/2012		A	3,000	01/05/2015	01/05/2022	common stock	3,000	
Stock option	\$ 17.5	01/05/2012		A	3,000	01/05/2016	01/05/2022	common stock	3,000	
Stock option	\$ 17.5	01/05/2012		A	3,000	01/05/2017	01/05/2022	common stock	3,000	

Reporting Owners

Reporting Owner Name / Address	Keiationsnips					
	Director	10% Owner	Officer	Other		
McBryan Michael E 3220 TILLMAN DRIVE SUITE 300 BENSALEM, PA 19020	X		Sr VP of Operations			

Signatures

/s/ Michael E.
McBryan

**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) INCLUDES 1,085 SHARES ISSUED IN 2012 PURSUANT TO 2011 EMPLOYEE STOCK PURCHASE PLAN PARTICIPATION PAYMENTS AT AN OFFERING PRICE OF \$13.83 PER COMMON SHARE.

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Reporting Owners 2

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- (2) SHARES ISSUED AT CONVERSION RATE OF 1 FOR 1
- (3) ACQUIRED PURSANT TO AN ISSUER CONTRIBUTION UNDER THE HEALTHCARE SERVICES GROUP, INC DEFERRED COMPENSATION PLAN
- (4) SHARES OF PHANTOM STOCK ARE PAYABLE IN KIND FOLLOWING TERMINATION OF THE REPORTING PERSON'S EMPLOYMENT WITH ISSUER

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.