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HEALTHCARE SERVICES GROUP INC Form 4

December 30, 2	2005										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION						OMB APPROVAL					
								Number:	3235-0287		
Check this b if no longer subject to Section 16. Form 4 or Form 5 obligations may continu <i>See</i> Instructi 1(b).	STATEMI Filed pursu e. Section 17(a)	uant to S of the I	Washington, D.C. 20549 OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES to Section 16(a) of the Securities Exchange Act of 1934, he Public Utility Holding Company Act of 1935 or Section (h) of the Investment Company Act of 1940						January 31, 2005 Estimated average burden hours per response 0.5		
(Print or Type Res	ponses)										
1. Name and Address of Reporting Person <u>*</u> FROME ROBERT L			2. Issuer Name and Ticker or Trading Symbol HEALTHCARE SERVICES GROUP INC [HCSG]				Issuer	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)12/30/2005				X Director Officer (give below)	Officer (give title Other (specify			
				ndment, Dat h/Day/Year)	e Original		Applicable Line) _X_ Form filed by Form filed by M	_X_Form filed by One Reporting Person Form filed by More than One Reporting			
(City)		Zip)		IN D	• • • •	•.•	Person				
1.Title of 2 Security ((Instr. 3)	(Suite) (2 2. Transaction Date Month/Day/Year)	2A. Deer Executio any		3.	4. Securit mAcquired Disposed (Instr. 3, 4	ies (A) or of (D)	Acquired, Disposed o 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Ily Owned 7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common stock							6,750	D			
Reminder: Report	on a separate line f	or each cl	ass of secur	ities benefic	cially owne	d directly	v 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)

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 of 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 Securities8(Instr. 3 and 4)S(1)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock option	\$ 20.71	12/30/2005		А	4,990	12/30/2005	12/30/2010	Common stock	4,990

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Reporting Owners

Reporting Owner Name / Address		Relationships						
	Director	10% Owner	Officer	Other				
FROME ROBERT L 3220 TILLMAN DRIVE SU BENSALEM, PA 19020	UITE 300	Х						
Signatures								
/s/ Robert Frome	12/30/200	5						
<u>**</u> 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).

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.