	FORM	4	UNITE	d St	ATE	ES S	ECU				EXCHAI	NGE C	ЮМ	MIS	SION					
		Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNE Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934														OMB APPROVAL				
Sectio obliga	this box if no l on 16. Form 4 o tions may conti ction 1(b).													HIP	Estim	Estimated average burden		3235-0287 en 0.5		
motru						or Sect	ion 30(l	h) of t	the Inv	estment Co	ompany Act o	of 1940				<u> </u>				
1. Name and Address of Reporting Person [*] KOOPER MICHAEL						BioScrip, Inc. [BIOS]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title Other (specify					
				_ L																
(Last) 100 CLH	(F EARBROO	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/22/2007								below) below)							
(Stroot)					_ 4.	. If Ame	endmen	it, Dat	te of O	Driginal Filed	d (Month/Day	//Year)		6. Inc Line)	dividual or Jo	oint/Group) Filing	(Check Ap	plicable	
(Street) ELMSF	10523												X Form filed by One Reporting Person Form filed by More than One Reporting							
(City)	(Zip)										Person	Person								
		Та	ble I - No	n-Der	rivati	ve Se	curiti	ies /	Acqu	ired, Dis	sposed o	f, or Be	nefici	ially	Owned					
1. Title of	2. Transa Date (Month/D			Year)	2A. Deemed Execution Dat if any (Month/Day/Y		.	3. Transaction Code (Instr 8)			ed (A) o str. 3, 4 a	r and	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
							Ī	Code V	Amount	(A) or (D) F		ce	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
											osed of, convertit				Dwned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	d Date,	te, 4. Transaction Code (Instr.		· ·		6. Da Expi	ate Exercisa iration Date hth/Day/Yea	7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		ount	8. Price of Derivative Security (Instr. 5)	9. Numbo derivativ Securitie Beneficia Owned Followin, Reported Transact (Instr. 4)	e es ally g	10. Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownershi (Instr. 4)		
					Code	v	(A)	(D)	Date Exer	rcisable	Expiration Date	Title	Amo or Num of Shar	ber						
Option to Purchase Common Stock	\$4.22	05/22/2007			A		5,000		05/2	22/2008 ⁽¹⁾	05/22/2017	Commor Stock, \$.0001 par value	5,0	00	\$0	5,00	0	D		
Option to Purchase Common Stock	\$4.69									(2)	05/27/2008	Commor Stock, \$.0001 par value	20,0)00		20,00	00	D		
Option to Purchase Common Stock	\$9.94								06/04	4/2003 ⁽¹⁾⁽²⁾	06/04/2012	Commor Stock, \$.0001 par value	5,0	00		5,00	0	D		
Option to Purchase Common Stock	\$6.58								06/05	5/2004 ⁽¹⁾⁽²⁾	06/05/2013	Common Stock, \$.0001 par value	5,0	00		5,00	0	D		
Option to Purchase Common Stock	\$7.68								05/2	25/2005 ⁽³⁾	05/25/2014	Commor Stock, \$.0001 par value	5,0	00		5,00	0	D		
Option to Purchase Common Stock	\$5.29								05/2	25/2006 ⁽¹⁾	05/25/2015	Commor Stock, \$.0001 par value	5,0	00		5,00	0	D		
Option to Purchase Common Stock	\$5.33								05/2	23/2007 ⁽¹⁾	05/23/2016	Common Stock, \$.0001 par value	5,0	00		5,00	0	D		

Explanation of Responses:

1. Vests and becomes exercisable in three equal annual installments commencing on the first anniversary of the date of grant.

2. Fully Vested

3. Vests and becomes exercisable in three equal annual installments commencing on May 25, 2005.

Remarks:

By: David Frankel, Power of <u>Attorney</u>

05/23/2007

** Signature of Reporting Person

Date

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

 * 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.

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 Number.