FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0104 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response | e: 0.5 | | | | | | | |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* Nguyen Tricia O1/13/2014 2. Date of Event Requiring Statement (Month/Day/Year) 01/13/2014 | | | nent | 3. Issuer Name and Ticker or Trading Symbol BioScrip, Inc. [BIOS] | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------|------------------|----------|---------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------|--|
| (Last) C/O BIOSCR | (First) IP, INC. | (Middle) | | | 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | 5. If Amendment, Date of Original Filed (Month/Day/Year) | | | | |
| 100 CLEARBROOK ROAD | | | | | Officer (give title below) | | Other (spe | cify | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | |
| (Street) ELMSFORD | NY | 10523 | | | | | | | X | | y One Reporting Person y More than One erson | |
| (City) | (State) | (Zip) | | | | | | | | | | |
| Table I - Non-Derivative Securities Beneficially Owned | | | | | | | | | | | | |
| 1. Title of Security (Instr. 4) | | | | | | ially Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | | 4. Nature of Indirect Beneficial Ownership (Instr. 5) | | | |
| Common Stock, \$.0001 Par Value | | | | | | 10,000(1) | D | | | | | |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 4) 2. Date Exercisable a Expiration Date (Month/Day/Year) | | | ate | nd 3. Title and Amount of Securities Underlying Derivative Security (Ins | | | 4. Conversi or Exerci Price of | | se Form: | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | | |
| | | | Date Exercisable | Expiration Date | n Title | • | Amount or Number of Shares | Deriva Securi | tive | Direct (D) or Indirect (I) (Instr. 5) | | |

Explanation of Responses:

1. Vests and becomes non-forfeitable on the date of the 2014 Annual Meeting of Stockholders of the Issuer.

01/21/2014 /s/ Tricia Nguyen

** 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 5 (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.