

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL	
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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* <u>Coliseum Capital Management, LLC</u> (Last) (First) (Middle) METRO CENTER 1 STATION PLACE, 7TH FLOOR SOUTH (Street) STAMFORD CT 06902 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 03/09/2015	3. Issuer Name and Ticker or Trading Symbol <u>BioScrip, Inc. [BIOS]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) <input type="checkbox"/> Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person* <u>Coliseum Capital Management, LLC</u> (Last) (First) (Middle) METRO CENTER 1 STATION PLACE, 7TH FLOOR SOUTH (Street) STAMFORD CT 06902 (City) (State) (Zip)

1. Name and Address of Reporting Person* <u>Shackelton Christopher S</u> (Last) (First) (Middle) METRO CENTER 1 STATION PLACE, 7TH FLOOR SOUTH (Street) STAMFORD CT 06902 (City) (State) (Zip)

1. Name and Address of Reporting Person* <u>Coliseum Capital, LLC</u> (Last) (First) (Middle) METRO CENTER 1 STATION PLACE, 7TH FLOOR SOUTH (Street) STAMFORD CT 06902 (City) (State) (Zip)
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(City)	(State)	(Zip)
1. Name and Address of Reporting Person*		
COLISEUM CAPITAL PARTNERS L P		
(Last)	(First)	(Middle)
METRO CENTER		
1 STATION PLACE, 7TH FLOOR SOUTH		
(Street)		
STAMFORD	CT	06902
(City)	(State)	(Zip)
1. Name and Address of Reporting Person*		
Coliseum Capital Partners II, L.P.		
(Last)	(First)	(Middle)
METRO CENTER		
1 STATION PLACE, 7TH FLOOR SOUTH		
(Street)		
STAMFORD	CT	06902
(City)	(State)	(Zip)
1. Name and Address of Reporting Person*		
Gray Adam		
(Last)	(First)	(Middle)
METRO CENTER		
1 STATION PLACE, 7TH FLOOR SOUTH		
(Street)		
STAMFORD	CT	06902
(City)	(State)	(Zip)

Explanation of Responses:

Remarks:

Christopher Shackelton is a director of the Issuer. As a result, the following persons may be deemed directors by deputization of the Issuer solely for purposes of Section 16 of the Securities Exchange Act of 1934, as amended: Coliseum Capital Management, LLC; Coliseum Capital, LLC; Coliseum Capital Partners, L.P.; Coliseum Capital Partners II, L.P.; and Adam Gray.

No securities are beneficially owned.

[Coliseum Capital Management, LLC, By: /s/ Christopher Shackelton, Manager](#) 03/11/2015
[/s/ Christopher Shackelton](#) 03/11/2015
[Coliseum Capital, LLC, By: /s/ Christopher Shackelton, Manager](#) 03/11/2015
[Coliseum Capital Partners, L.P., By: Coliseum Capital, LLC, its General Partner, By: /s/ Christopher Shackelton, Manager](#) 03/11/2015
[Coliseum Capital Partners II, L.P., By: Coliseum Capital, LLC, its General Partner, By: /s/ Christopher Shackelton, Manager](#) 03/11/2015
[/s/ Adam Gray](#) 03/11/2015

** 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.