FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |

3235-0287 OMB Number: Estimated average burden hours per response: 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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>HUBERS DAVID R</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol BioScrip, Inc. [BIOS] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | |
|---|---------------|--|----------------------------|---|--|---|-----------------------------------|----------------|---|---|--|---|--|---|--|---|------------|--|
| (Last) 100 CLE | (F ARBROOI | rst) K ROAD | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/08/2014 | | | | | | | | Officer (give title Other (spe below) below) | | | | |
| (Street) ELMSFORD NY 10523 | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Co | Transaction Code (Instr. 8) | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | (A) or . 3, 4 and | Beneficially Owned Follow Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Co | ode | V | Amount | (A) or (D) | Price | Transaction(s (Instr. 3 and 4 | | | \perp | |
| Common | Stock, \$.00 | 001 Par Value | | 05/08/201 | 4 | | | 1 | A | | 10,000(1) | A | \$0 | 30,000 | | D | | |
| Common | Stock, \$.00 | 001 Par Value | | | | | | | | | | | | 33,622 | | I | R. I GR | the David Hubers 2011 AT U/A/D 28/11 ⁽²⁾ |
| Common | Stock, \$.00 | 001 Par Value | | | | | | | | | | | | 11,200 | | I | R. 1 | The David Hubers 2012 AT Trust ⁽²⁾ |
| Common | Stock, \$.00 | 001 Par Value | | | | | | | | | | | | 36,978 | | I | Gra Tru | The Hubers ndchildren's st U/A/D 10/1997 ⁽³⁾ |
| Common | Stock, \$.00 | 001 Par Value | | | | | | | | | | | | 56,522 | | I | R. 1 | The David Iubers ocable st |
| | | ٦ | able | II - Derivat | | | | | | | sposed of | | | | | | | |
| Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any | | 4. Trans | 5. Numb of of Derivativ | | nber tive ities red sed 3, 4 | er 6. Date E. Expiratio (Month/Des | | rercisable and | 7. Tit Amo Secu Unde Deriv | le and unt of rities erlying rative rity (Instr. 3 | 8. Price of Derivative Security (Instr. 5) | deriv Secu Bene Own Follo Repo Trans | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | | | | |
| | | | | | Code | e V | (A) | (D) | Dat Exe | te ercisat | Expiration Date | n Title | or Number of Shares | | | | | |

Explanation of Responses:

- 1. Vests and becomes non-forfeitable on the one year anniversary of the grant date.
- 2. Mr. Hubers' spouse is the trustee of the trust. Mr. Hubers' daughters are remaindermen of the trust.
- $3.\ Mr.\ Hubers'\ spouse\ is\ the\ trustee\ of\ the\ trust.\ Mr.\ Hubers'\ grandchildren\ are\ remaindermen\ of\ the\ trust.$

David R. Hubers 05/09/2014

** 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.