| SEC Form 4 | |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| OMB APPROVAL | | | | | | | | |
|-----------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average bur | den | | | | | | | |
| hours por response: | 0.5 | | | | | | | |

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| nours per response: | 0.5 |
|----------------------------------|-----|
| <u>.</u> | |
| of Reporting Person(s) to Issuer | |

| 1. Nume and Address of Reporting reison | | | 2. Issuer Name and Ticke BioScrip, Inc. [B | U . | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
|---|--|----------------|---|------------------|----------------|--|------------------------|---|--------------|---------------------|--------|
| (Last) 100 CLEARBR | (First) OOK ROAD | (Middle) | 3. Date of Earliest Transa 08/29/2013 | iction (Month/D | 0ay/Year) | | | Officer (give title below) | | Other (sj pelow) | pecify |
| (Street) ELMSFORD (City) | NY (State) | 10523 (Zip) | 4. If Amendment, Date of | Original Filed (| (Month/Day/Yea | ar) | 6. Indiv Line) X | idual or Joint/Grou Form filed by O Form filed by M Person | ne Reporting | Persor | ı |
| | 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) | | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
|---------------------------------|--|---|------|---|---|---------------|-------|---|---|---|--|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150.4) | |
| Common Stock, \$.0001 Par Value | 08/29/2013 | | G | v | 3,578 | D | \$0 | 38,784 | I | By The David R. Hubers Revocable Trust | |
| | | | | | | | | | | | |

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) | | Transaction of Code (Instr. Der 8) Sec Acq (A) Disp of (I | | osed . 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | Expiration Date Amount of | | | nt of ties ying tive ty (Instr. 3 | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------|---|-----|----------------|--|--------------------|---------------------------|--|--|---|---|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | | |

Explanation of Responses:

David R. Hubers

** Signature of Reporting Person Date

08/30/2013

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.