FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	OVAL				
OMB Number:	3235-0287				
Estimated average burd	en				
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

					_			-	ie Investmer			31 01 1	940								
1. Name and Address of Reporting Person* HUBERS DAVID R					2. Issuer Name and Ticker or Trading Symbol BioScrip, Inc. [BIOS]										Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) (First) (Middle) 100 CLEARBROOK ROAD						3. Date of Earliest Transaction (Month/Day/Year) 11/26/2008											er (give title		Other (sbelow)		
(Street) ELMSFORD NY 10523				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(Si	tate)	(Zip)												. 5.55						
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1. Title of Security (Instr. 3) 2. Transaction 2A. Deemed 3. 4. Securities Acquired (A) or 5. Amount of 6. Ownership 7. Nature																				
Da			Date	. Transaction Date Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (r, Transaction Dis Code (Instr. 5)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			4 and Secur Bene		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amour	t	(A) or (D)		е	Transaction(s) (Instr. 3 and 4)				(11341.4)	
		001 Par Value			26/2008				P		25,0				1.4	83,500					
Common	Stock, \$.00	001 Par Value			6/200				P		16,0		0 A \$		L.43		,500		D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
Derivative Conversion Date Execution Date, T General Conversion Or Exercise (Month/Day/Year) or Exercise Conversion Date of Execution Date, T General Conversion Date of Execution Date, T General Conversion Date of Execution Date, T General Conversion Date of Execution Date of Execu				ransaction of ode (Instr. Derivat		vative prities pired r osed) r. 3, 4	Expiration Date			7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		es I Securi	Derivati Security				10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisable		Expiratior Date		Amo or Num of Shar		er						
Director Stock Option	\$7.25								(1)		12/14/2010) Si	mmon tock, 0001 Par ⁄alue	33,60	00		33,600		D D		
Director Stock Option	\$4.22								(1)		11/27/201	S1 \$.	mmon tock, 0001 Par ⁄alue	11,20	00		11,200		D		
Director Stock Option	\$4.43								(1)		11/20/2011	2 S1	mmon tock, 0001 Par ⁄alue	11,20	00		11,200		D		
Director Stock Option	\$7.96								(1)		11/19/201	S1 \$.	mmon tock, 0001 Par Value	11,20	00		11,200		D		
Director Stock Option	\$6.61								(1))3/12/201	5 S1	mmon tock, 0001 Par ⁄alue	20,00	00		20,000	0	D		
Option To Purchase Common Stock	\$5.33								05/23/2007	(2)	05/23/201	5 Si	mmon tock, 0001 Par Value	5,00	0		5,000		D		

Explanation of Responses:

- $2. \ Vests \ and \ becomes \ exercisable \ in \ three \ equal \ annual \ installments \ commencing \ on \ the \ first \ anniversary \ of \ the \ date \ of \ grant.$

/s/ David Frankel, attorney-infact for Mr. Hubers

12/01/2008

** 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.