FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

- 1								
	OMB APPROVAL							
	OMB Number: 3235-0							
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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

Soper Dana Worden (N			Date of Event equiring Statem Month/Day/Year 9/21/2013	nent	3. Issuer Name and Ticker or Trading Symbol BioScrip, Inc. [BIOS]							
(Last) 5809 WINDS	(First)	(Middle)				tionship of Reporting Perso all applicable) Director	son(s) to Issuer		5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street)					X	Officer (give title below) SVP Field Opera	Other (specify below)		6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person			
CINCINNATI OH 45243		45243				SVP Fleid Opera	rauolis		Form filed by More than One Reporting Person			
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)						nt of Securities ally Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
Expiration			Expiration Da			3. Title and Amount of Securi Underlying Derivative Securit		4. Conversion or Exercise	se Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
		Date Exercisable	Expiratior Date	n Title		Amount or Number of Shares	Price of Derivativ Security	Direct (D) e or Indirect (I) (Instr. 5)				

Explanation of Responses:

No securities are beneficially owned.

<u>/s/ Dana W. Soper</u> <u>10/01/2013</u>

** 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.