FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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>COLLNS CHARLOTTE W</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol BioScrip, Inc. [BIOS] | | | | | | | | | elationship o ck all applio Directo | cable) | ng Person(s) to Issuer 10% Owner | | |
|--|---|--|---|---------|---|--|---------|----------|---|--------|---|--|-------------------------|--|---|--|---|---|---|
| (Last) (First) (Middle) 100 CLEARBROOK ROAD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/23/2006 | | | | | | | | | Officer below) | (give title | | Other (s below) | pecify | |
| (Street) ELMSFORD NY 10523 (City) (State) (Zip) | | | | 4. If | 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 | | | | | |
| | | Tab | ole I - Non | -Deriva | ative | Se | curitie | s A | cquired, [| Disp | osed o | f, or B | enef | cially | / Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | | 2A. Deemed Execution D if any (Month/Day/ | | Code (In | Transaction Dis | | ecurities Acquired (A osed Of (D) (Instr. 3, | |) or 4 and | 5. Amour Securitie Beneficia Owned F | s ally following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | v | Amount | (A) (D) | or F | rice | Reported Transact (Instr. 3 a | ion(s) | | | (Instr. 4) | |
| 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 E if any (Month/Day | ate, Tr | 4. Transaction Code (Instr. 8) | | | | 6. Date Exer Expiration D (Month/Day/ | ate | of Securi | | rities ing ve Sec | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Ownershi Form: Direct (D) or Indirect (I) (Instr. 4 | | Beneficial Ownership t (Instr. 4) |
| | | | | c | ode | v | (A) | (D) | Date Exercisable | | xpiration ate | Title | or Nui of | ount mber ares | | | | | |
| Option to Purchase Common Stock | \$5.33 | 05/23/2006 | | | A | | 5,000 | | 05/23/2007 ⁽¹ | 0 | 5/23/2016 | Commo Stock, \$.0001 par valu | 5, | 000 | \$0 | 5,000 | | D | |
| Option to Purchase Common Stock | \$5.73 | | | | | | | | 04/22/2004 ⁽¹ | 0 | 4/22/2013 | Commo Stock, \$.0001 par valu | 20 | ,000 | | 20,000 |) | D | |
| Option to Purchase Common Stock | \$7.68 | | | | | | | | 05/25/2005 ⁽² | 0 | 5/25/2014 | Commo Stock, \$.0001 par valu | 5, | 000 | | 5,000 | | D | |
| Option to Purchase | \$5.29 | | | | | | | | 05/25/2006 ⁽¹ | 0 | 5/25/2015 | Commo Stock, | | 000 | | 5,000 | | D | |

Explanation of Responses:

- 1. Vests and becomes exercisable in three equal annual installments commencing on the first anniversary of the date of grant.
- 2. Vests and becomes exercisable in three equal annual installments commencing on May 25, 2005.

Remarks:

/s/ Collins, Charlotte W

par value

05/24/2006

** 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.