FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APP	OMB APPROVAL									
OMP Number:	2225 0									

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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					10	r Sect	ion 30	(h) of the	e Investm	nent C	ompany Act	of 1940								
1. Name and Address of Reporting Person* HOLUBIAK MYRON Z						2. Issuer Name and Ticker or Trading Symbol BioScrip, Inc. [BIOS]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
HOLUBIAK WIYRON Z															Directo	r		10% Ov	vner	
(Last) (First) (Middle) 100 CLEARBROOK ROAD						3. Date of Earliest Transaction (Month/Day/Year) 06/16/2014									Officer below)	(give title		Other (s below)	specify	
100 CEL	THEROO		If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable									
(Ctroot)					_ 4. '	II AIIIE	ename	ni, Daie	or Origin	iai Fiit	eu (Month/Da	ly/ Year)	Lir		iuai or J	omvGroup	Filing	(Спеск Ар	Dilicable	
(Street) ELMSF(ORD N	v	10523											X Form filed by One Reporting Person					ո	
LLIVIOI	JKD IV	1	10323												Form filed by More than One Reporting					
(City)	(S	tate)	(Zip)												Person					
		Tab	le I - N	on-Deri	vativ	e Se	curit	ties A	cquire	d, Di	sposed o	f, or Be	neficia	lly O	wned					
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day						r) Ex	A. Deemed xecution Date, any Month/Day/Year)		3. 4. Securitie Transaction Code (Instr. 8)				Beneficia Owned F		es ally Following	Form (D) o	n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	- 1	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock, \$.0001 Par Value 06/16/20									М		5,000	A	\$5.30	3	45,000		D			
Common Stock, \$.0001 Par Value 06/16/20)14			S		5,000	D	\$7.940	401 ⁽¹⁾ 40		,000		D		
		-	Table II								posed of, convertil			y Ov	vned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deel Execution if any (Month/I			ransaction ode (Instr.		n of		Exerci on Dai Day/Ye	e Amoun ar) Securit Underly Derivat		Title and mount of ecurities nderlying erivative Security nstr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares							
Director Stock Option	\$5.33	06/16/2014			M			5,000	05/23/20)07 ⁽²⁾	05/23/2016	Common Stock, \$.0001 Par	5,000		\$0	0		D		

Explanation of Responses:

1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions in prices ranging from \$7.9384 to \$7.9450, inclusive. The reporting person undertakes to provide BioScrip, Inc., any security holder of BioScrip, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in this footnote.

2. Fully Vested.

/s/ Myron Z. Holubiak

06/18/2014

** 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.