

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

OMB APPROVAL	
OMB Number:	3235-0287
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1. Name and Address of Reporting Person* POSNER BARRY A			2. Issuer Name and Ticker or Trading Symbol BioScrip, Inc. [BIOS]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Other (specify below) Executive Vice President		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 07/08/2008			6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person Form filed by More than One Reporting Person		
100 CLEARBROOK ROAD			4. If Amendment, Date of Original Filed (Month/Day/Year)					
(Street) ELMSFORD NY 10523								
(City) (State) (Zip)								

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)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	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			
Common Stock, \$.0001 par value	07/08/2008		s ⁽¹⁾		10,650	D	\$2.05	113,527	D	

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)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	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					
Employee Stock Option	\$6							02/28/2007 ⁽²⁾	06/30/2015	Common Stock, \$.0001 par value	13,800	13,800	D	
Employee Stock Option	\$2.47							11/01/2007 ⁽²⁾	11/01/2016	Common Stock, \$.0001 par value	158,587	158,587	D	
Employee Stock Option (Right to Buy Common Stock)	\$6.5							(3)	07/06/2008	Common Stock, \$.0001 par value	50,000	50,000	D	
Employee Stock Option (Right to Buy Common Stock)	\$4.5							(3)	12/02/2008	Common Stock, \$.0001 par value	13,166	13,166	D	
Employee Stock Option (Right to Buy Common Stock)	\$12.2							11/28/2002 ⁽³⁾	11/28/2011	Common Stock, \$.0001 par value	70,000	70,000	D	
Employee Stock Option (Right to Buy)	\$7.95							09/24/2004 ⁽³⁾	09/24/2013	Common Stock, \$.0001 par value	75,000	75,000	D	
Option to Purchase Common Stock	\$6.52							04/29/2009 ⁽²⁾	04/29/2018	Common Stock, \$.0001 par value	50,625	50,625	D	

Explanation of Responses:

- This trade was initiated by UBS to satisfy a margin call and was not initiated by or at the direction of Mr. Posner.
- Vests and becomes exercisable in three equal annual installments commencing on the first anniversary of the date of grant.
- Fully Vested

/s/ Barry A. Posner

07/09/2008

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.