FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
OMB Number:	3235-0104						
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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

colucci daniel			2. Date of Even Requiring State (Month/Day/Yea 03/08/2012	ment	3. Issuer Name and Ticker or Trading Symbol BioScrip, Inc. [ BIOS ]							
(Last) C/O BIOSCRI	(First) P, INC. ROOK ROAD	(Middle)				elationship of Reporting Persick all applicable) Director Officer (give title	10% Owne	r 0.	5. If Amendment, Date of Original Filed (Month/Day/Year) 04/03/2012			
(Street) ELMSFORD (City)		10523 (Zip)			Vice President, PBM		below)  1 Services		Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One     Reporting Person			
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)						ally Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr			4. Conversion	se Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiration Date	n Title		Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)			
Employee Stock Option			04/28/2010	04/28/2019	Cor	mmon Stock, \$.0001 Par Value	18,500(1)	2.73	D			

## Explanation of Responses:

1. The original Form 3 overstated by 1,500 shares the number of shares underlying this class of options. This amendment is being filed to show the correct number of shares.

/s/ Daniel Colucci 04/01/2013

\*\* 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.