## FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C.	20549

## ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

**OMB APPROVAL** OMB Number: Estimated average burden

1.0

hours per response:

	Form 3 Holdings Reported.
X	Form 4 Transactions Repor

X Form 4	Transactions F	eported.	File	ed pursuant to or Section					ities Excha ompany Ac								
Name and Address of Reporting Person*     Bogusz Patricia			2. Issuer Name <b>and</b> Ticker or Trading Symbol BioScrip, Inc. [ BIOS ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  V Officer (give title Other (specify							
(Last) (First) (Middle) 100 CLEARBROOK ROAD				3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2012						'Year)	X Officer (give title Othe below) below Vice President, Finance					w)	
(Street) ELMSFC	ORD NY	? 1	0523	4. If Amendment, Date of Original Filed (I						Day/Yea		6. Indivi Line) X	Form	n filed by O	roup Filing (Check App One Reporting Person More than One Report		rson
(City)	(Sta		zip) e I - Non-Deriv	rative Sec	uritie	es Ac	auire	d. Di	sposed	of. or	Benefic	ially (					
1. Title of Security (Instr. 3) 2. Trai		2. Transaction	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) or Dispos				<del>-</del>		nt of 6. es Own		ership n: Direct	7. Nature of Indirect Beneficial Ownership	
							Amou	nt	(A) or (D) Price		Issuer's Fise Year (Instr. 3 4)		Fiscal	scal Indirect		ct (I) (Instr. 4)	
Common Stock, \$.0001 Par Value <sup>(1)</sup>			03/14/2012			F4		2,	787	D \$6.7		71 5,088		880	D		
Common Stock, Par Value \$0.0001 Per Share												3,028		D			
		Та	ble II - Derivat (e.g., p	ive Secur uts, calls,									/ned				
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)	of Deriv Secu Acqu (A) o Dispe	rities iired r osed ) r. 3, 4	Expir (Mon	te Exercisable and ration Date th/Day/Year)  Expiration cisable Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amoun or Numbe of Title Shares		Deriv Secu (Instr	8. Price of Derivative Security (Instr. 5) Beneficia Owned Followin Reportec Transact (Instr. 4)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		Beneficial Ownership t (Instr. 4)

**Explanation of Responses:** 

1. Fully Vested

/s/ Patricia Bogusz

02/13/2013

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.