FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

vvasimigton, b.c. 20040

OMB APPROVAL						
OMB Number:	3235-0287					
Estimated average I	ourden					

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 or Section 30(h) of the Investment Company Act of 1940

					C	or Sect	ion 30(h)	of th	e Investment	Com	pany Act	of 1940							
1. Name and Address of Reporting Person* <u>CORVESE RUSSEL J</u>					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					
(Last) (First) (Middle) C/O BIOSCRIP, INC. 100 CLEARBROOK ROAD (Street) ELMSFORD NY 10523 (City) (State) (Zip)				3. Date of Earliest Transaction (Month/Day/Year) 04/29/2008							X	below)	give title resident Mail O		Other (s below) Operation				
			10523	3		If Ame	endment,	Date						6. Ind Line)	Form fil	ed by One	p Filing (Check Appli ne Reporting Person ore than One Reporti		
			(Zip)												Person				
		Та	ble I - Non	-Deriv	/ativ	ve Se	curitie	es A	cquired, C	isp	osed o	f, or B	enefi	cially	Owned				
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Y		- 1	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (In	, Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)		or 4 and	Securities Beneficia	5. Amount of Securities Beneficially Owned Following		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) (D)	(A) or (D) Pr		Transacti	Transaction(s) (Instr. 3 and 4)			(11341.4)
Common	Stock, \$.00	001 par value			04/29/2008						22,50			\$ <mark>0</mark>	69,053		53		
			Table II - [quired, Dis ts, options						Owned				
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/Ye	Code (II			of Exp		Expiration Da	. Date Exercisable an xpiration Date Month/Day/Year)		7. Title and Amo of Securities Underlying Derivative Secu (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)
				Co	ode	v	(A)	(D)	Date Exercisable		opiration ate	Title	Amo or Num of S						
Option to Purchase Common Stock	\$6.52	04/29/2008			A		56,250		04/29/2009 ⁽¹⁾	04	1/29/2018	Commor Stock, \$.0001 par value		,250	\$0	56,25	60	D	
Employee Stock Option	\$6								02/28/2007 ⁽²⁾	06	6/30/2015	Commor Stock, \$.0001 par value	1 1	200		9,200		D	
Employee Stock Option	\$2.47								11/01/2007	11	/01/2016	Commor Stock, \$.0001 par value	104	,858		104,858		D	
Employee Stock Option (Right to Buy)	\$6.5								(2)	07	7/06/2008	Commor Stock, \$.0001 par value	22	,000		22,000		D	
Employee Stock Option (Right to Buy)	\$4.5								(2)	06	5/01/2009	Commor Stock, \$.0001 par value	20	,000		20,00	00	D	
Employee Stock Option (Right to Buy)	\$12.2								11/28/2002 ⁽¹⁾	11	./28/2011	Commor Stock, \$.0001 par value	10	,000		10,00	00	D	
Employee Stock Option (Right to Buy)	\$7.95								09/24/2004	09)/24/2013	Commor Stock, \$.0001 par value	35	,000		35,00	00	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. Fully Vested

/s/ Russel J. Corvese

05/01/2008

** 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.	