

Stalmack Kathryn
Form 3
August 14, 2018

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104
Expires: January 31, 2015
Estimated average burden hours per response... 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Stalmack Kathryn		(Month/Day/Year)	BioScrip, Inc. [BIOS]	
(Last)	(First)	(Middle)	08/06/2018	
C/O BIOSCRIP, INC., 1600 BROADWAY, SUITE 700			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	
DENVER, CO 80202			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner	6. Individual or Joint/Group Filing(Check Applicable Line)
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Form filed by One Reporting Person
			(give title below) (specify below)	<input type="checkbox"/> Form filed by More than One Reporting Person
			General Counsel	

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock, \$.0001 Par Value	20,000	D	

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

SEC 1473 (7-02)

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 control number.

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)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
--	--	---	--	--	---

Edgar Filing: Stalmack Kathryn - Form 3

	Date Exercisable	Expiration Date	Amount or Number of Shares	or Indirect (I) (Instr. 5)	
Employee Stock Option (Right to Buy)	Â (1)	08/10/2025	Common Stock, \$0.0001 Par Value 125,000 \$ 2.08	D	Â
Employee Stock Option (Right to Buy)	Â (1)	02/09/2027	Common Stock, \$0.0001 Par Value 99,010 \$ 1.63	D	Â
Employee Stock Option (Right to Buy)	Â (1)	03/15/2027	Common Stock, \$0.0001 Par Value 77,519 \$ 2.08	D	Â
Restricted Stock Unit	Â (2)	Â (2)	Common Stock, \$0.0001 Par Value 73,745 \$ (3)	D	Â
Employee Stock Option (Right to Buy)	Â (1)	04/11/2028	Common Stock, \$0.0001 Par Value 45,684 \$ 2.59	D	Â
Restricted Stock Unit	Â (2)	Â (2)	Common Stock, \$0.0001 Par Value 29,527 \$ (3)	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Stalmack Kathryn C/O BIOSCRIP, INC. 1600 BROADWAY, SUITE 700 DENVER, CO 80202	Â	Â	Â General Counsel	Â

Signatures

/s/ Kathryn Stalmack 08/14/2018

**Signature of Reporting Person

Date

Explanation of Responses:

* 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).

- (1) Vests and becomes exercisable in three equal annual installments commencing on the first anniversary of the date of grant.
- (2) The Restricted Stock Units vest in three equal annual installments commencing on the first anniversary of the date of grant.
- (3) Each Restricted Stock Unit represents a contingent right to receive one share of Common Stock.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.