#### MCCARTNEY DANIEL P

Form 4

January 07, 2011

## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB** 

3235-0287 Number:

**OMB APPROVAL** 

January 31, Expires: 2005

0.5

Estimated average burden hours per response...

if no longer subject to Section 16. Form 4 or

Check this box

Form 5 obligations may continue.

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

1(b).

(Last)

(City)

(Instr. 3)

(Print or Type Responses)

See Instruction

1. Name and Address of Reporting Person \*

MCCARTNEY DANIEL P

2. Issuer Name and Ticker or Trading Symbol

HEALTHCARE SERVICES **GROUP INC [HCSG]** 

3. Date of Earliest Transaction

(Month/Day/Year) 01/05/2011

(Zip)

(Middle)

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

\_X\_\_ Director 10% Owner X\_ Officer (give title Other (specify below)

Chief Executive Officer

3220 TILLMAN DRIVE, SUITE 300

(First)

(Street)

(State)

4. If Amendment, Date Original

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

BENSALEM, PA 19020

1. Title of 2. Transaction Date 2A. Deemed Security

(Month/Day/Year) Execution Date, if (Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of Securities Beneficially Owned Following Reported

6. Ownership Form: Direct (I) (Instr. 4)

7. Nature of Indirect (D) or Indirect Beneficial Ownership (Instr. 4)

(9-02)

(A) Transaction(s) or (Instr. 3 and 4) Code V Amount (D) Price

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

Persons who respond to the collection of SEC 1474 information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

3. Transaction Date 3A. Deemed 1. Title of (Month/Day/Year) Execution Date, if Transaction of Derivative Expiration Date Conversion

5. Number 6. Date Exercisable and

7. Title and Amount of Underlying

8.

D

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/Year)		Securities (Instr. 3 and 4)		(
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom stock	\$ 0 (1)	01/05/2011		A	2,317 (2)	01/05/2011	(3)	common stock	2,317	
Stock option	\$ 16.11	01/06/2011		A	5,000	01/06/2012	01/06/2021	common stock	5,000	
Stock option	\$ 16.11	01/06/2011		A	5,000	01/06/2013	01/06/2021	common stock	5,000	
Stock option	\$ 16.11	01/06/2011		A	5,000	01/06/2014	01/06/2021	common stock	5,000	
Stock option	\$ 16.11	01/06/2011		A	5,000	01/06/2015	01/06/2021	common stock	5,000	
Stock option	\$ 16.11	01/06/2011		A	5,000	01/06/2016	01/06/2021	common stock	5,000	

# **Reporting Owners**

Reporting Owner Name / Address	Kelationships						
•	Director	10% Owner	Officer	Other			
MCCARTNEY DANIEL P							
3220 TILLMAN DRIVE	X		Chief Executive Officer				
SUITE 300	Λ		Chief Executive Officer				
BENSALEM, PA 19020							

## **Signatures**

/s/ Daniel P.
McCartney

\*\*Signature of Reporting Person

Date

### **Explanation of Responses:**

- \* 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).
- (1) SHARES ISSUED AT CONVERSION RATE OF 1 FOR 1
- (2) ACQUIRED PURSANT TO AN ISSUER CONTRIBUTION UNDER THE HEALTHCARE SERVICES GROUP, INC DEFERRED COMPENSATION PLAN

**(3)** 

Reporting Owners 2

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SHARES OF PHANTOM STOCK ARE PAYABLE IN KIND FOLLOWING TERMINATION OF THE REPORTING PERSON'S EMPLOYMENT WITH ISSUER

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.