#### Edgar Filing: HEALTHCARE SERVICES GROUP INC - Form 4

#### HEALTHCARE SERVICES GROUP INC

Form 4

January 22, 2007

### FORM 4

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

OMB Number:

3235-0287

0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

January 31, Expires: 2005

**OMB APPROVAL** 

Estimated average

burden hours per response...

if no longer subject to Section 16. Form 4 or Form 5

obligations

may continue.

See Instruction

Check this box

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

**SECURITIES** 

30(h) of the Investment Company Act of 1940

1(b).

(Last)

(Print or Type Responses)

1. Name and Address of Reporting Person \* MCCARTNEY JOSEPH F

(First)

(Street)

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to Issuer

Symbol HEALTHCARE SERVICES

(Check all applicable)

**GROUP INC [HCSG]** 

(Middle)

3. Date of Earliest Transaction

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

below)

(Month/Day/Year) 3220 TILLMAN DRIVE SUIE 300

01/19/2007

VICE PRESIDENT 6. Individual or Joint/Group Filing(Check

4. If Amendment, Date Original

Applicable Line)

Filed(Month/Day/Year)

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

below)

BENSALEM, PA 19020

(City) (State) (Zip)

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

1.Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year)

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

5. Amount of Securities Beneficially Owned

Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4) (Instr. 4)

(A)

Reported Transaction(s)

Code V Amount (D) Price

(Instr. 3 and 4)

**COMMON STOCK** 

47,792 (1) D

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

(Month/Day/Year)

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exerci- Expiration Dat (Month/Day/Y	e	7. Title and Am Underlying Sec (Instr. 3 and 4)	
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
PHANTOM STOCK	\$ 0 (2)	01/19/2007	A	184 (4)	01/19/2007	(3)	COMMON STOCK	184

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
reporting o mair runne, radiatess	Director	10% Owner	Officer	Other			
MCCARTNEY JOSEPH F 3220 TILLMAN DRIVE SUIE 300 BENSALEM, PA 19020	X		VICE PRESIDENT				

## **Signatures**

/S/ JOSEPH F.

McCARTNEY 01/22/2007

\*\*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) INCLUDES 725 SHARES ISSUED IN 2007 PURSUANT TO 2006 EMPLOYEE STOCK PURCHASE PLAN PAYMENTS.
- (2) SHARES ISSUED AT CONVERSION RATE OF 1 FOR 1
- (3) SHARES OF PHANTOM STOCK ARE PAYABLE IN CASH OR STOCK FOLLOWING TERMINATION OF THE REPORTING PERSON'S EMPLOYMENT WITH ISSUER.
- (4) ACQUIRED PURSUANT TO AN ISSUER CONTRIBUTION UNDER THE HEALTHCARE SERVICES GOUP, INC. DEFERRED COMPENSATION PLAN.

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.

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