BRIGGS JOHN Form 4 April 30, 2010

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

Expires:

January 31, 2005

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response...

Section 16. Form 4 or Form 5 obligations

may continue.

See Instruction

Check this box

if no longer

subject to

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)

(Last)

(City)

stock

1(b).

1. Name and Address of Reporting Person * **BRIGGS JOHN**

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to Issuer

HEALTHCARE SERVICES

(Check all applicable)

GROUP INC [HCSG] (First) (Middle) 3. Date of Earliest Transaction

(Zip)

(Month/Day/Year) 04/28/2010

X__ Director 10% Owner Officer (give title Other (specify

3220 TILLMAN DRIVE, SUITE 300

(Street)

(State)

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Applicable Line)

Filed(Month/Day/Year)

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

13.8067

BENSALEM, PA 19020

| | | | | | | | · · · · · · · · · · · · · · · · · · · | | ., |
|------------|---------------------|--------------------|------------|------------|--------|-------------|---------------------------------------|-------------|--------------|
| 1.Title of | 2. Transaction Date | 2A. Deemed | 3. | 4. Securi | ties A | cquired (A) | 5. Amount of | 6. | 7. Nature of |
| Security | (Month/Day/Year) | Execution Date, if | Transactio | nor Dispo | sed of | (D) | Securities | Ownership | Indirect |
| (Instr. 3) | | any | Code | (Instr. 3, | 4 and | 5) | Beneficially | Form: | Beneficial |
| | | (Month/Day/Year) | (Instr. 8) | | | | Owned | Direct (D) | Ownership |
| | | • | | | | | Following | or Indirect | (Instr. 4) |
| | | | | | | | Reported | (I) | |
| | | | | | (A) | | Transaction(s) | (Instr. 4) | |
| | | | | | or | | (Instr. 3 and 4) | | |
| | | | Code V | Amount | (D) | Price | | | |
| Common | 04/28/2010 | | M/K | 2,280 | A | \$ | 25,180 | D | |

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

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

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| De Se | Title of erivative ecurity nstr. 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. Transactic Code (Instr. 8) | 5. Number nof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | |
|----------|-------------------------------------|---|---|---|--|--|-------|--|--------------------|---|--|
| | | | | | Code V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| | tock otion | \$ 13.8067 | 04/28/2010 | | M/K | | 6,280 | 06/30/2006 | 12/30/2010 | common stock | 6,280 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| BRIGGS JOHN 3220 TILLMAN DRIVE SUITE 300 BENSALEM, PA 19020 | X | | | | | | |

Signatures

/s/ John M.
Briggs

**Signature of Reporting Person

O4/30/2010

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).

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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