Ottaviano Dino D Form 4 March 19, 2012

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

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OMB APPROVAL

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may continue.

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 30(h) of the Investment Company Act of 1940

See Instruction 1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * Ottaviano Dino D

2. Issuer Name and Ticker or Trading Symbol

Issuer

5. Relationship of Reporting Person(s) to

HEALTHCARE SERVICES

GROUP INC [HCSG]

(Check all applicable)

(Last) (First) (Middle) 3. Date of Earliest Transaction

(Zip)

(Month/Day/Year) 03/14/2012

_X__ Director 10% Owner Other (specify Officer (give title below)

3220 TILLMAN DRIVE, SUITE 300

(Street)

(State)

(City)

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

| | | Table 1 Troit Detritative Securities Required, Disposed of, of Beneficiary Owned | | | | | | | |
|------------------------|--------------------------------------|--|--------------------------|---|-----|---------------|--------------------------------|----------------------------------|-------------------------|
| 1.Title of Security | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if | 3. Transactio | 4. Securities Acquired (A) or Disposed of (D) | | | 5. Amount of Securities | 6. Ownership | 7. Nature of Indirect |
| (Instr. 3) | (William Buji Tear) | any | Code (Instr. 3, 4 and 5) | | | Beneficially | Form: | Beneficial | |
| (111011110) | | (Month/Day/Year) | (Instr. 8) | (msur s, | | | Owned Following Reported | Direct (D) or Indirect (I) | Ownership (Instr. 4) |
| | | | | | (A) | | Transaction(s) | (Instr. 4) | |
| | | | Code V | Amount | | Price | (Instr. 3 and 4) | | |
| Common stock | 03/14/2012 | 03/19/2012 | M | 1,000 | A | \$ 10.3867 | 1,140 | D | |
| Common stock | 03/14/2012 | 03/19/2012 | S | 850 | D | \$ 20.57 | 290 | 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)

| E S | Title of derivative 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 Doof 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 ption | \$ 10.3867 | 03/14/2012 | 03/19/2012 | M | 1,000 | 01/05/2010 | 01/05/2019 | common stock | 1,000 |

D

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|---|---------------|-----------|---------|-------|--|--|
| • 0 | Director | 10% Owner | Officer | Other | | |
| Ottaviano Dino D 3220 TILLMAN DRIVE SUITE 300 BENSALEM, PA 19020 | X | | | | | |

Signatures

/s/ Dino

Ottaviano 03/19/2012

**Signature of 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).

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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