

McBryan Michael E
Form 3
May 27, 2011

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

OMB APPROVAL

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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	
Â McBryan Michael E		(Month/Day/Year)	HEALTHCARE SERVICES GROUP INC [HCSG]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
		05/24/2011		
3220 TILLMAN DRIVE,Â SUITE 300			(Check all applicable)	
(Street)			<input checked="" type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
			<input checked="" type="checkbox"/> Officer	<input type="checkbox"/> Other
BENSALEM,Â PAÂ 19020			(give title below)	(specify below)
(City)	(State)	(Zip)	Sr VP of Operations	
				6. Individual or Joint/Group Filing(Check Applicable Line)
				<input checked="" type="checkbox"/> Form filed by One Reporting Person
				<input type="checkbox"/> Form filed by More than One Reporting Person

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	6,089	D	Â

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

SEC 1473 (7-02)

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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)
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	Date Exercisable	Expiration Date		Amount or Number of Shares		or Indirect (I) (Instr. 5)	
Phantom stock	Â (1)	Â (2)	common stock	23,916	\$ 16.62	D	Â
Stock option	01/06/2012	01/06/2021	common stock	3,000	\$ 16.11	D	Â
Stock option	01/06/2013	01/06/2021	common stock	3,000	\$ 16.11	D	Â
Stock option	01/06/2014	01/06/2021	common stock	3,000	\$ 16.11	D	Â
Stock option	01/06/2015	01/06/2021	common stock	3,000	\$ 16.11	D	Â
Stock option	01/06/2016	01/06/2021	common stock	3,000	\$ 16.11	D	Â
Stock option	01/04/2011	01/04/2020	common stock	4,500	\$ 14.3067	D	Â
Stock option	01/04/2012	01/04/2020	common stock	4,500	\$ 14.3067	D	Â
Stock option	01/04/2013	01/04/2020	common stock	4,500	\$ 14.3067	D	Â
Stock option	01/04/2014	01/04/2020	common stock	4,500	\$ 14.3067	D	Â
Stock option	01/04/2015	01/04/2020	common stock	4,500	\$ 14.3067	D	Â
Stock option	01/05/2010	01/05/2019	common stock	4,500	\$ 10.3867	D	Â
Stock option	01/05/2011	01/05/2019	common stock	4,500	\$ 10.3867	D	Â
Stock option	01/05/2012	01/05/2019	common stock	4,500	\$ 10.3867	D	Â
Stock option	01/05/2013	01/05/2019	common stock	4,500	\$ 10.3867	D	Â
Stock option	01/05/2014	01/05/2019	common stock	4,500	\$ 10.3867	D	Â
Stock option	01/03/2009	01/03/2018	common stock	4,500	\$ 13.9267	D	Â
Stock option	01/03/2010	01/03/2018	common stock	4,500	\$ 13.9267	D	Â
Stock option	01/03/2011	01/03/2018	common stock	4,500	\$ 13.9267	D	Â

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Stock option	01/03/2012	01/03/2018	common stock	4,500	\$ 13.9267	D	Â
Stock option	01/03/2013	01/03/2018	common stock	4,500	\$ 13.9267	D	Â
Stock option	06/27/2005	12/27/2014	common stock	47,250	\$ 6.0681	D	Â
Stock option	06/23/2004	12/26/2013	common stock	27,142	\$ 3.6839	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
McBryan Michael E 3220 TILLMAN DRIVE SUITE 300 BENSALEM, PA 19020	Â X	Â	Â Sr VP of Operations	Â

Signatures

/s/ Michael E. McBryan 05/26/2011

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) ACQUIRED PURSANT TO AN ISSUER CONTRIBUTION UNDER THE HEALTHCARE SERVICES GROUP, INC DEFERRED COMPENSATION PLAN
- (2) 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.