WAHL Theodore Form 4 March 22, 2019

# FORM 4

if no longer

Section 16.

Form 4 or

subject to

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

Check this box

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Last)

300

(Print or Type Responses)

1. Name and Address of Reporting Person \* WAHL Theodore

(First)

(Street)

2. Issuer Name and Ticker or Trading

Symbol

HEALTHCARE SERVICES GROUP INC [HCSG]

(Month/Day/Year)

3220 TILLMAN DRIVE, SUITE 03/22/2019

(Middle)

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

3. Date of Earliest Transaction

\_X\_ Director X\_ Officer (give title below)

10% Owner Other (specify

**OMB APPROVAL** 

Estimated average

burden hours per

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

President & CEO

4. If Amendment, Date Original Filed(Month/Day/Year)

Applicable Line) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

6. Individual or Joint/Group Filing(Check

BENSALEM, PA 19020

(City)	(State)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned							ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8)	4. Securities Acquired ction(A) or Disposed of (D) (Instr. 3, 4 and 5)			Beneficially Form: Direct (I) Owned (D) or Following Indirect (I)	Ownership Form: Direct (D) or Indirect (I)	
			Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)	
Common Stock	03/22/2019		A(1)	16,088	A	\$0	158,102	D	
Common Stock	03/22/2019		F(2)	10,493	D	\$ 31.05	147,609 (3)	D	
Common Stock							83,725 (3)	I	Held by spouse
Common Stock							32,045 (3)	I	Held by minor child

#### Edgar Filing: WAHL Theodore - Form 4

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

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

**SEC 1474** (9-02)

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	isable and	7. Titl	e and	8. Price of	9
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	orNumber	Expiration Da	ate	Amou	int of	Derivative	J
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	,
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	]
	Derivative				Securities			(Instr.	3 and 4)		(
	Security				Acquired						]
					(A) or						J
					Disposed						-
					of (D)						(
					(Instr. 3,						
					4, and 5)						
									A		
									Amount		
						Date	Expiration	m: .1	or		
						Exercisable	Date	Title	Number		
				C 1 17	(A) (D)				of		
				Code V	(A) (D)				Shares		

## **Reporting Owners**

Relationships

X

Director 10% Owner Officer Other

President & CEO

WAHL Theodore 3220 TILLMAN DRIVE

**SUITE 300** 

BENSALEM, PA 19020

## **Signatures**

03/22/2019

- 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 acquired pursuant to annual incentive program.
- (2) Withholding of shares to satisfy tax obligations in connection with incentive program.
- (3) Total Direct and Indirect Beneficial Ownership by Reporting Person is 263,379

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.

Reporting Owners 2

9. Nu

Secu Bene Own Follo Repo Trans

(Insti

Deriv

/s/ John C. Shea

\*\*Signature of Reporting Person Date