

HEALTHCARE SERVICES GROUP INC

Form 3

December 19, 2013

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

OMB APPROVAL

OMB  
Number: 3235-0104Expires: January 31,  
2005Estimated average  
burden hours per  
response... 0.5**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 \*

Â Bundick Jason J

(Last)

(First)

(Middle)

2. Date of Event Requiring  
Statement

(Month/Day/Year)

12/19/2013

3. Issuer Name **and** Ticker or Trading Symbol

HEALTHCARE SERVICES GROUP INC [HCSG]

4. Relationship of Reporting  
Person(s) to Issuer5. If Amendment, Date Original  
Filed(Month/Day/Year)

(Check all applicable)

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

General Counsel &amp; Secretary

6. Individual or Joint/Group  
Filing(Check Applicable Line)☒ Form filed by One Reporting  
Person☐ Form filed by More than One  
Reporting Person3220 TILLMAN  
DRIVE,Â SUITE 300

(Street)

BENSALEM,Â PAÂ 19020

(City)

(State)

(Zip)

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

SEC 1473 (7-02)

**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.****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)Date Exercisable  
Date3. Title and Amount of  
Securities Underlying  
Derivative Security  
(Instr. 4)Title  
Amount or  
Number of  
Shares4. Conversion  
or Exercise  
Price of  
Derivative  
Security5. Ownership  
Form of  
Derivative  
Security:  
Direct (D)  
or Indirect  
(I)6. Nature of Indirect  
Beneficial  
Ownership  
(Instr. 5)

(Instr. 5)

|                             |                           |            |              |       |         |   |   |
|-----------------------------|---------------------------|------------|--------------|-------|---------|---|---|
| Stock Option (right to buy) | 01/04/2014 <sup>(1)</sup> | 01/04/2023 | Common Stock | 3,500 | \$ 23.5 | D | Â |
|-----------------------------|---------------------------|------------|--------------|-------|---------|---|---|

## Reporting Owners

| Reporting Owner Name / Address                                           | Relationships |           |                               |       |
|--------------------------------------------------------------------------|---------------|-----------|-------------------------------|-------|
|                                                                          | Director      | 10% Owner | Officer                       | Other |
| Bundick Jason J<br>3220 TILLMAN DRIVE<br>SUITE 300<br>BENSALEM, PA 19020 | Â             | Â         | Â General Counsel & Secretary | Â     |

## Signatures

/s/ Jonathan Gregory, by Power of Attorney

12/19/2013

\_\_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) These options shall vest and become exercisable at the rate of 20% annually, commencing on the date set forth in Table II, Column 2.

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.