WAHL Theodore Form 3 January 16, 2009

### FORM 3

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

OMB APPROVAL

OMB Number:

3235-0104

Expires:

January 31, 2005

0.5

Estimated average burden hours per

response...

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 2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol Person \* Statement HEALTHCARE SERVICES GROUP INC [HCSG] WAHL Theodore (Month/Day/Year) 01/12/2009 (Last) (First) (Middle) 4. Relationship of Reporting 5. If Amendment, Date Original Person(s) to Issuer Filed(Month/Day/Year) 3220 TILLMAN (Check all applicable) DRIVE, Â SUITE 300 (Street) 6. Individual or Joint/Group 10% Owner Director \_X\_\_ Officer Other Filing(Check Applicable Line) (give title below) (specify below) \_X\_ Form filed by One Reporting Vice President Finance Person BENSALEM, Â PAÂ 19020 Form filed by More than One Reporting Person (City) (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned 4. Nature of Indirect Beneficial 1. Title of Security 2. Amount of Securities Beneficially Owned Ownership Ownership (Instr. 4) (Instr. 4) Form: (Instr. 5) Direct (D) or Indirect (I) (Instr. 5) Â D Common stock 1,600 Common stock 1,600 I Held by spouse Common stock 1,600 I Held by child Reminder: Report on a separate line for each class of securities beneficially SEC 1473 (7-02) 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.

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 Conversion Ownership Beneficial

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	Date Exercisable	Expiration Date	Derivative So (Instr. 4) Title	Amount or Number of Shares	or Exercise Price of Derivative Security	Form of Derivative Security: Direct (D) or Indirect (I)	Ownership (Instr. 5)
Phantom stock (1)	01/01/2010	(2)	common stock	445	\$ <u>(3)</u>	(Instr. 5)	Â
Stock option	06/30/2006	12/30/2010	common stock	1,200	\$ 13.8067	D	Â
Stock option	01/03/2009	01/03/2018	common stock	400	\$ 20.89	D	Â
Stock option	01/03/2010	01/03/2018	common stock	400	\$ 20.89	D	Â
Stock option	01/03/2011	01/03/2018	common stock	400	\$ 20.89	D	Â
Stock option	01/03/2012	01/03/2018	common stock	400	\$ 20.89	D	Â
Stock option	01/03/2013	01/03/2018	common stock	400	\$ 20.89	D	Â
Stock option	01/05/2010	01/05/2019	common stock	1,000	\$ 15.58	D	Â
Stock option	01/05/2011	01/05/2019	common stock	1,000	\$ 15.58	D	Â
Stock option	01/05/2012	01/05/2019	common stock	1,000	\$ 15.58	D	Â
Stock option	01/05/2013	01/05/2019	common stock	1,000	\$ 15.58	D	Â
Stock option	01/05/2014	01/05/2019	common stock	1,000	\$ 15.58	D	Â

# **Reporting Owners**

Reporting Owner Name / Address	Kelationships					
•	Director	10% Owner	Officer	Other		
WAHL Theodore						
3220 TILLMAN DRIVE	â	Â	Vice President Finance	â		
SUITE 300	А	A	A vice Fresident Finance	A		
BENSALEM, PA 19020						

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## **Signatures**

/s/ Theodore Wahl 01/16/2009

\*\*Signature of Reporting Person

#### **Explanation of Responses:**

\* If the form is filed by more than one reporting person, see Instruction 5(b)(v).

Date

- \*\* 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
- (3) SHARES ISSUED AT CONVERSION RATE OF 1 FOR 1

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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