

# SECURITIES AND EXCHANGE COMMISSION

## FORM 4

Statement of changes in beneficial ownership of securities

Filing Date: **2006-01-05** | Period of Report: **2006-01-05**

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### REPORTING OWNER

#### HUDSON RICHARD W

CIK: **1210674**

Type: **4** | Act: **34** | File No.: **000-12015** | Film No.: **06512741**

Mailing Address

3220 TILLMAN DR

SUITE 300

BENSALEM PA 19020

### ISSUER

#### HEALTHCARE SERVICES GROUP INC

CIK: **731012** | IRS No.: **232018365** | State of Incorporation: **PA** | Fiscal Year End: **1231**

SIC: **7340** To dwellings & other buildings

Mailing Address

2643 HUNTINGDON PIKE

HUNTINGDON VALLEY PA

19006

Business Address

2643 HUNTINGDON PIKE

HUNTINGDON VALLEY PA

19006

2159381661

# FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

### OMB APPROVAL

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### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1. Name and Address of Reporting Person <b>HUDSON RICHARD W</b>			2. Issuer Name and Ticker or Trading Symbol <b>HEALTHCARE SERVICES GROUP INC</b> <b>[HCSG]</b>			5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title <input type="checkbox"/> Other (specify below) <b>Vice President</b>		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) <b>01/05/2006</b>			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		
3220 TILLMAN DR, SUITE 300			4. If Amendment, Date Original Filed(Month/Day/Year)					
(Street) <b>BENSALEM, PA 19020</b>								
(City)	(State)	(Zip)						

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common stock								9,978 <sup>(1)</sup>	D	

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

1. Title of Derivative Security (Instr. 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. Transaction Code (Instr. 8)		5. Number of 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 Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date						Title
Phantom stock	<sup>(2)</sup>	01/05/2006		<u>A</u>		347 <sup>(3)</sup>		01/05/2006	<sup>(4)</sup>	Common stock	347	\$20.71	25,276	D	

**Explanation of Responses:**

- Includes 229 shares issued in 2006 pursuant to Healthcare Services Group, Inc 2005 Employee Stock Purchase Plan contributions.
- Shares issued at conversion rate of 1 to 1
- Acquired pursuant to an issuer contribution under the Healthcare Services Group, Inc Deferred Compensation Plan.
- Shares of Phantom Stock are payable in cash or stock following termination of the reporting person's employment with issuer.

## Signatures

/s/ Richard W. Hudson

\*\* Signature of Reporting Person

01/05/2006

Date

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

\* 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.

**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 Number.**