

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>Hurlock David</u>			2. Issuer Name and Ticker or Trading Symbol <u>HEALTHCARE SERVICES GROUP INC [HCSG]</u>			5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Other (specify below) <u>Executive Vice President & COO</u>		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) <u>01/02/2018</u>			6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person Form filed by More than One Reporting Person		
3220 TILLMAN DRIVE SUITE 300			4. If Amendment, Date of Original Filed (Month/Day/Year)					
(Street) <u>BENSALEM PA 19020</u>								
(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	01/02/2018		A		195	A	\$33.29	4,079	D	
Common Stock	01/04/2018		F		85	D	\$0	3,994	D	
Common Stock	01/03/2018		M		125	A	\$0	4,119	D	
Common Stock	01/04/2018		M		70	A	\$0	4,189	D	
Common Stock	01/04/2018		M		300	A	\$0	4,489	D	
Common Stock	01/04/2018		M		300	A	\$0	4,789	D	
Common Stock	01/05/2018		M		225	A	\$0	5,014	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: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date						Title
Stock Option (right to buy)	\$52.06	01/04/2018		A		10,000		(1)	01/04/2028	Common Stock	10,000	\$0	10,000	D	
Restricted Stock Units	(2)	01/04/2018		A		6,000		(3)	(3)	Common Stock	6,000	\$0	6,000	D	
Restricted Stock Units	(2)	01/04/2018		M			300	(4)	(4)	Common Stock	300	\$0	1,200	D	
Restricted Stock	(2)	01/03/2018		M			125	(5)	(5)	Common Stock	125	\$0	125 ⁽⁶⁾	D	
Restricted Stock	(2)	01/04/2018		M			70	(7)	(7)	Common Stock	70	\$0	0 ⁽⁶⁾	D	
Restricted Stock	(2)	01/04/2018		M			300	(8)	(8)	Common Stock	300	\$0	900 ⁽⁶⁾	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: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Restricted Stock	(2)	01/05/2018		M	V		225	(9)	(9)	Common Stock	225	\$0	450 ⁽⁶⁾	D	
Phantom Stock	(2)	01/02/2018		A		331 ⁽¹⁰⁾		(11)	(11)	Common Stock	331	\$52.72	6,179 ⁽¹⁰⁾	D	

Explanation of Responses:

- These options shall vest and become exercisable at the rate of 20% annually, commencing on the first anniversary of the January 4, 2018 grant date.
- Shares issued at the conversion rate of 1-for-1.
- These Restricted Stock Units shall vest at the rate of 20% annually, commencing on the first anniversary of the January 4, 2018 grant date.
- These Restricted Stock Units shall vest at the rate of 20% annually, commencing on the first anniversary of the January 4, 2017 grant date.
- These Restricted Stock Awards shall vest at the rate of 20% annually, commencing on the first anniversary of the January 3, 2014 grant date.
- This grant was made prior to the Reporting Person becoming a Section 16(a) filer, and as of the date of filing, a portion of this grant has already vested.
- These Restricted Stock Awards shall vest at the rate of 20% annually, commencing on the first anniversary of the January 4, 2013 grant date.
- These Restricted Stock Awards shall vest at the rate of 20% annually, commencing on the first anniversary of the January 4, 2016 grant date.
- These Restricted Stock Awards shall vest at the rate of 20% annually, commencing on the first anniversary of the January 5, 2015 grant date.
- Acquired pursuant to an Issuer contribution under the Healthcare Services Group, Inc. Deferred Compensation Plan.
- Shares of Phantom Stock are payable in-kind following termination of the Reporting Person's employment with Issuer.

Remarks:

Michael Harrity, by Power of Attorney 01/02/2018

** Signature of Reporting Person 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.

POWER OF ATTORNEY

Know all by these presents that the undersigned hereby constitutes and appoints each of John Shea, Michael Harrity and Bobbi Jo Flannick signing singly, as the undersigned's true and lawful attorneys-in-fact to:

- 1) execute for and on behalf of the undersigned Forms 3, 4 and 5 in accordance with Section 16 of the Securities Exchange Act of 1934, as amended (the "Exchange Act") relating to Healthcare Services Group, Inc. (the "Compa
- 2) do and perform any and all acts for and on behalf of the undersigned which may be necessary or desirable to complete and execute any such Forms 3, 4 or 5, complete and execute any amendment or amendments thereto, and ti
- 3) take any other action of any type whatsoever in connection with the foregoing which, in the opinion of such attorney-in-fact, may be of benefit to, in the best interest of, or legally required by, the undersigned, it be

The undersigned hereby grants to each such attorney-in-fact full power and authority to do and perform any and every act and thing whatsoever requisite, necessary, or proper to be done in the exercise of any of the rights

This Power of Attorney shall remain in full force and effect until the undersigned is no longer required to file Forms 3, 4 and 5 with respect to the undersigned's holdings of and transactions in securities issued by the

IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of this 12th day of July, 2017.

Signature _____

Print Name _____