FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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

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

Name and Address of Reporting Person*  Pate P. Contern					2. Issuer Name <b>and</b> Ticker or Trading Symbol Option Care Health, Inc. [ OPCH ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Pate R Carter														X	Direc	tor		10% O	wner
(Last) (First) (Middle) C/O OPTION CARE HEALTH, INC.					3. Date of Earliest Transaction (Month/Day/Year) 09/01/2022										Office below	r (give title		Other ( below)	specify
3000 LAKESIDE DRIVE, SUITE 300N					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)														X Form filed by One Reporting Person					
BANNOCKBURN IL 60015															Form filed by More than One Reporting Person				
(City)	(City) (State) (Zip)																		
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transacting Date (Month/Day)					Execution Date,						es Acquired (A) Of (D) (Instr. 3, 4		and Securit		ties Fo cially (D Following (I)		vnership n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount (A) or (D)		or Pric	e	Transaction(s) (Instr. 3 and 4)				(111341. 4)
Common Stock 09/01/2					.022				S <sup>(1)</sup>		1,923	D \$3		0.65	5 97,458			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)  (Month/Day/Year)  3A. Deer Executio if any (Month/E		on Date, Transac Code (Ir Day/Year)					6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Date Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)  Amount or Number of Shares		Der Sec (Ins	Price of rivative curity str. 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)	

## **Explanation of Responses:**

1. The transactions reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted on November 5, 2021.

/s/ Sarah Kim, attorney-in-fact 09/02/2022 for Mr. Pate

\*\* 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.