FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
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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

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1. Name and Address of Reporting Person* Bavaro Michael							2. Issuer Name and Ticker or Trading Symbol Option Care Health, Inc. [OPCH]								all appli Directo	cable) or	Person(s) to Iss		wner	
(Last) C/O OPT		3. Date of Earliest Transaction (Month/Day/Year) 03/10/2023									below)		Other (s below) Lesources Office							
		_ 4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)									
BANNOCKBURN IL 60015															X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(St										· 									
		Tab	le I - I	Non-Deri	vative	e Sec	uriti	ies A	cquire	ed, D	isposed o	of, or B	enefic	ially	Owned	i				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y						Execu (ear) if any		Deemed cution Date, y nth/Day/Year)		ction Instr.	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar			l 5)	Securiti Benefic Owned	neficially ned Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code V		Amount	(A) or (D) Price			Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common	023	23		M		2,153	A	\$23	\$23.96		25,245		D							
Common	023	23			M		2,452	A	\$18.97		27,697			D						
Common	023	23			S		6,148	D	\$31.4455(1)		21	21,549		D						
		Т	able								posed of , converti				wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed tion Date, n/Day/Year)	4. Transa Code (8)			vative urities uired or oosed 0)	6. Date Exer Expiration D (Month/Day/		ate	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		De Se (Ir	. Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owi Fori Dire or li (I) (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amor or Numl of Share	ber						
Employee Stock Option (right to buy)	\$23.96	03/10/2023		М				2,153	(2	2)	02/17/2032	Common Stock 2,15		53	\$0	6,459		D		
Employee Stock Option (right to	\$18.97	03/10/2023			M			2,452	(3	3)	02/23/2031	Common Stock	2,45	52	\$0	2,452		D		

Explanation of Responses:

- 1. Reflects the weighted average price of 6,148 shares of common stock of Option Care Health, Inc. sold by the reporting person in multiple transactions on March 10, 2023 with sale prices ranging from \$31.44 to \$31.46 per share. The reporting person undertakes to provide upon request by the U.S. Securities and Exchange Commission staff, the issuer, or a security holder of the issuer, full information regarding the number of shares sold at each separate price.
- 2. Stock options that vest as to 25% of the underlying shares of Common Stock on each of February 17, 2023, February 17, 2024, February 17, 2025 and February 17, 2026.
- 3. Stock options that vest as to 50% of the underlying shares of Common Stock on February 23, 2023, and 25% of the underlying shares of Common Stock on each of February 23, 2024 and February 23, 2025.

/s/ Sarah Kim, attorney-in-fact for Mr. Bavaro

03/14/2023

** 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.