FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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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* Smyser Collin						2. Issuer Name and Ticker or Trading Symbol Option Care Health, Inc. [OPCH]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify					
(Last) (First) (Middle) C/O OPTION CARE HEALTH, INC. 3000 LAKESIDE DRIVE, SUITE 300N					3. Date of Earliest Transaction (Month/Day/Year) 02/20/2024									X Office (give title Office (specify below) GC & Corporate Secretary					
					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) BANNOCKBURN IL 60015															X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip)					Ru	Rule 10b5-1(c) Transaction Indication													
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execution D			3. Transaction Code (Instr. 8)					5. Amount of Securities Beneficially Owned Following Reported		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	Transact (Instr. 3	ion(s)			(IIIstr. 4)	
Common Stock 02/20/2)24				A		12,984(1)	A	\$0	29,	29,369		D		
Common Stock 02/20/				02/20/20)24				Α		12,558(2)	A	\$0	41,	41,927		D		
Common Stock													2,5	2,500		I	By Revocable Trust		
	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 Execution I if any (Month/Day/Year)		ıtion Date,	ion Date, Transa Code (l				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. Ownersh Form: Direct (D or Indirec (I) (Instr.	Beneficial Ownership tt (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		Expiration Date		Amount or Number of Shares						

Explanation of Responses:

- 1. Represents shares of common stock issuable under performance-based restricted stock unit award dated May 19, 2022. On February 20, 2024, a performance-based vesting condition was achieved with respect to these shares of common stock, which remain subject to time-based vesting and will vest on May 19, 2025, assuming continuous service on the vesting date.
- 2. The restricted stock units granted in this award vest as to one third of the underlying shares of common stock on each of the first, second, and third anniversary of the grant date.

/s/ Sarah Kim, attorney-in-fact 02/21/2024 for Mr. Smyser

** 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.