SEC Form 4	
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL

OMB APPROVAL

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OWNERSHIP	OMB Number:	3235-0287		
OWNERSHIP	Estimated average bur	den		
act of 1934	hours per response:	0.5		

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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

Bavaro Michael (Last) (First) (Middle) C/O OPTION CARE HEALTH, INC.		Person [*]	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					
		· · · ·	3. Date of Earliest Transaction (Month/Day/Year) 02/17/2024	X Officer (give title Other (specify below) below) Chief Human Resources Officer					
		UITE 300N	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street) BANNOCK	KBURN IL	60015		Form filed by More than One Reporting Person					
(City)	(State)	(Zip)	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. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)			4. Securities Disposed Of 5)			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	Transaction(s) (Instr. 3 and 4)		
Common Stock	02/17/2024		F		384	D	\$33.93	21,165	D	
Common Stock	02/20/2024		A		17,738(1)	A	\$ <mark>0</mark>	38,903	D	
Common Stock	02/20/2024		A		7,176 ⁽²⁾	A	\$0	46,079	D	

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

		-	(* 5) [**	,	,		,	, -				,			
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. Transa Code (8)		of Deriv	rities lired r osed) r. 3, 4	6. Date Exerc Expiration Da (Month/Day/Y	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)	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. Represents shares of common stock issuable under a performance-based restricted stock unit award dated February 17, 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 February 17, 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. Bavaro

** 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.

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