FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

						200113		Investmen		npany Act c	л <u>1</u> 940								
1. Name and Address of Reporting Person [*] Pate R Carter						2. Issuer Name and Ticker or Trading Symbol Option Care Health, Inc. [OPCH]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>r ute re</u>	Gurter												Х	Direc	tor		10% O	wner	
(Last)	(Fir	(First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 05/17/2023								Office belov	er (give title v)		Other (below)	specify	
C/O OPTION CARE HEALTH, INC.						4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable						
3000 LAKESIDE DRIVE, SUITE 300N						- in anonemone, but of original field (wontarbay) real)							Line)						
(Street)													~	Form filed by More than One Reporting Person					
BANNOCKBURN IL 60015					Dule 10hF 1(a) Transaction Indication														
(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.										tended to				
		Table	l - No	n-Derivat	tive S	ecur	ities Aco	quired,	Dis	posed of	i, or E	Benefi	cially	y Owr	ned				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execution Date,		Code (I	Transaction Disposed Code (Instr. and 5)		ies Acquired (A) Of (D) (Instr. 3, 4		4 Securit Benefic Owned Follow		ties cially I ing	Forn (D) c	n: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) (D)	or Pri	се	Reported Transaction(s) (Instr. 3 and 4)					
Common Stock 05/17/2					.023			A		9,117 ⁽¹⁾ A		A 9	\$ <mark>0</mark>	104,647		D			
		Tab		Derivativ (e.g., put										Owne	d				
1. Title of Derivative Security (Instr. 3)	tity or Exercise Date Execution Date, if any		tion Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	6. Date E Expiratio (Month/I		d 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		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)	Beneficial Ownership (Instr. 4)			
												Amount or Number							

Explanation of Responses:

1. The reporting person received an award of restricted stock units on May 17, 2023, which vest in equal installments on each of the first, second and third anniversaries of the grant date. The number of restricted stock units granted was calculated to reflect \$257,000 of value based on the closing price of the issuer's common stock on May 17, 2023.

Date

Exercisable

Expiration

Date

/s/ Sarah Kim, attorney-in-	00/07/2020				
fact for Mr. Pate	<u>06/07/2023</u>				

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Title

Shares

** 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).

Code

(A) (D)

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.

OMB APPROVAL

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