FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APP	ROVAL
OMB Number:	3235-0287
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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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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* SHAPIRO MICHAEL H.				2. Issuer Name and Ticker or Trading Symbol Option Care Health, Inc. [OPCH]								Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner							
(Last) (First) (Middle) C/O OPTION CARE HEALTH, INC. 3000 LAKESIDE DRIVE, SUITE 300N				10	3. Date of Earliest Transaction (Month/Day/Year) 10/21/2024								Officer (give title Other (specify below) Chief Financial Officer						
(Street) BANNOCKBURN IL 60015 (City) (State) (Zip)			- 4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person							
			le I - No	n-Deriv	vativ	e Se	curit	ies Ac	quired,	Dis	posed o	of, or Be	neficia	ally (Owned				
1. Title of Security (Instr. 3) 2. T			2. Trans Date (Month/		ear) i	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 5) 8) 4. Securities Acquirer Disposed Of (D) (Instr. 5)			- 1	5. Amount of Securities Beneficially Owned Following Reported		Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) o	r Price		Transact (Instr. 3 a	ion(s)			instr. 4)
Common Stock 10/2			10/21	21/2024				M		17,08	3 A	\$(0	264,405		D			
Common Stock			10/2	/21/2024				F		7,570 D \$		\$30	.51	1 256,835		D			
		-	Гable II -								osed of, onvertil				wned				
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	d Date,	4. Transa Code (8)	action	5. Number of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title ar	nd Amoun ties ng e Security	nt 8. De	3. Price of Derivative Security Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactie (Instr. 4)	illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Benefici Ownersh (Instr. 4)	
				Γ									Amoun	t					
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Numbe of Shares						

Explanation of Responses:

- 1. Each restricted stock unit represents a contingent right to receive one share of Common Stock
- 2. All Restricted Stock Units granted in this award vested on October 21, 2024.

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

10/23/2024

** 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.