FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washin

gton, D.C. 20549	OMB AP

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-028									
Estimated average burden									
hours per response:	0.5								

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

	tion 1(b).	iuc. See		Filed	pursua or Se	nt to Section 3	Section 30(h) o	16(a) f the li	of the S nvestme	ecuriti nt Cor	ies Exchang mpany Act o	e Act o f 1940	f 1934			nours	per re	sponse:	0.5
Name and Address of Reporting Person* Bierbower Elizabeth D					2. Issuer Name and Ticker or Trading Symbol Option Care Health, Inc. [OPCH]									Check a		licable)	ng Pei	rson(s) to Is	
(Last)	(Fir	est) (N	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 10/30/2023										Office below	cer (give title ow)		Other (s below)	specify
C/O OPTION CARE HEALTH, INC. 3000 LAKESIDE DRIVE, SUITE 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) BANNOCKBURN IL 60015														Form filed by More than One Reporting Person					
(City)	(Sta	ate) (Z	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.											nded to			
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or E	Benefic	ially (Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Date)				Execution		ution E	Date,			Disposed C	urities Acquired (A sed Of (D) (Instr. 3,		4 and Sec Ben Owi		mount of urities eficially ned Following		n: Direct or Indirect ostr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(A) or (D)		т	Reported Transaction(s) (Instr. 3 and 4)				(111341. 4)	
Common Stock 10/30/2					2023		P		3,000	A	\$26	.37 13,515		3,515	D				
		Tal	ole II -	Derivati (e.g., pu	ve Se its, ca	curit alls, v	ties <i>A</i> varra	Acqu ants,	ired, [optio	Dispo	osed of, convertib	or Be le se	neficia curities	lly Ov	vned	t			
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any		ion Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		ite	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. Prio	ative ity	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Expiration Exercisable Date T		Title	Amount or Number of Shares								

Explanation of Responses:

/s/ Sarah Kim, attorney-in-fact for Ms. Bierbower

11/01/2023

** 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.