Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Vashington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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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*						2. Issuer Name and Ticker or Trading Symbol Option Care Health, Inc. [ OPCH ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
RADEMACHER JOHN CHARLES						Option Care freatin, file. [ OPCH ]								X Directo	,		10% Ow	ner	
(Last)	(First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 02/21/2024								helow)	er (give title v) Chief Executive		Other (sp below)	pecify	
	C/O OPTION CARE HEALTH, INC.																		
3000 LAKESIDE DRIVE, SUITE 300N					_   4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)														X Form filed by One Reporting Person					
BANNOCKBURN IL 60015													Form f Persor	iled by More	e than C	One Report	ing		
(City) (State) (Zip)					R	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.													
		Tab	le I - No	n-Deri	vativ	e Se	curi	ties Ac	quired	, Dis	posed c	f, or B	eneficia	lly Owned	i				
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		ear) i	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			Securition Benefici Owned I	5. Amount of Securities Beneficially Owned Following Reported		Direct Cluber of tr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
										v	Amount	(A) (D)	Price	Transac (Instr. 3	ction(s)			(111501.4)	
Common Stock				02/2	02/21/2024				M		11,08	7 A	. \$0	705	5,876	D			
Common Stock			02/2	1/2024				F		4,930	) [	\$33.	36 700	0,946		D			
Common Stock				02/2	22/2024				F		5,295	5 E	\$32.	55 695	5,651		D		
		7	Гable II -						,			•		y Owned					
4 Title of	2.	2 Tunnanatian	3A. Deeme	<del>` • •</del>	puts,	call	·				converti			8. Price of	l a Number		10.	11. Nature	
Derivative Conversion Date Exec Security or Exercise (Month/Day/Year) if any				Date,	Transa Code ( 8)				Expiration (Month/E	n Dat	e	7. Title and Ai of Securities Underlying Derivative Se (Instr. 3 and 4		Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	ly [	Ownership Form: Direct (D) or Indirect II) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	ble	Expiration Date	Title	Amount or Number of Shares						
Restricted Stock Unit	(1)	02/21/2024			M			11,087	(2)		(2)	Commo	11,087	\$0	22,174	1	D		

## **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 vest as to 25% of the underlying shares of Common Stock on each of the first, second, third and fourth anniversaries of the grant date.

/s/ Sarah Kim, attorney-in-fact

02/23/2024

for Mr. Rademacher

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.