FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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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-

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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(c). S	ee Instruction 1	0.																
Name and Address of Reporting Person* SULLIVAN TIMOTHY P					2. Issuer Name and Ticker or Trading Symbol Option Care Health, Inc. [OPCH]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
SOLLIVAN TIMOTITT				^								1	Direc	tor		10% Ov	vner	
(Last) (First) (Middle) C/O MADISON DEARBORN PARTNERS, LLC					3. Date of Earliest Transaction (Month/Day/Year) 08/22/2024								Office below	er (give title v)		Other (s	specify	
70 WEST MADISON, SUITE 4600					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable						
(Street)													Line) Form filed by One Reporting Person					
l ` ′	CHICAGO IL 60602										Form filed by More than One Reporting Person							
(City)	(Sta	ate) (Ž	Zip)										1 0100					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea				ear) E	Execution Dat		Date, Transaction Code (Instr.		ction C	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar			nd 5) Secur Benef Owne		rities Formation Formation Following In		n: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership
							7	Code	V	mount	(A) or (D)	Price		Reported (In Transaction(s) (Instr. 3 and 4)		(Inst	r. 4)	(Instr. 4)
Common Stock 08/22/2024				:4			S		47,249	D	\$30.912	26 ⁽¹⁾	2	20,814		D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
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)		nsaction de (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Year)			Amo Secu Unde Deriv Secu	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		rice of ivative urity tr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Dat Exe	e ercisable	Expiration Date	ı Title	Amount or Number of Shares						

Explanation of Responses:

1. Reflects the weighted average price of 47,249 shares of common stock of Option Care Health, Inc. sold by the reporting person in multiple transactions on August 22, 2024 with sale prices ranging from \$30.64 to \$31.16 per share. The reporting person undertakes to provide upon request by the U.S. Securities and Exchange Commission staff, the issuer, or a security holder of the issuer, full information regarding the number of shares sold at each separate price.

> /s/ Annie Terry, attorney-infact for Mr. Sullivan

08/22/2024

** 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.