FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
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STATEMENT	OF CHANG	ES IN BEN	EFICIAL C	WNERSHIP)

OMB APPROVAL											
OMB Number: 3235-0287											
Estimated average burden											
hours per response:	0.5										

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

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* KRAEMER HARRY M JANSEN JR				2. Issuer Name and Ticker or Trading Symbol Option Care Health, Inc. [OPCH]									all app Direc		ıg Per	10% Ov	vner		
(Last)	(Fir	st) (M	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 02/26/2024									below	er (give title /)		Other (s below)	spесіту	
		E HEALTH, INC			4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
3000 LA	KESIDE D	RIVE, SUITE 3	00N										Li	Line) X Form filed by One Reporting Person					
(Street) BANNOCKBURN II. 60015					Form filed by One Reporting Person Form filed by More than One Reporting Person										- 1				
,					Rul	Rule 10b5-1(c) Transaction Indication													
(City) (State) (Zip)						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.													
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye			Execution		n Date, Ti		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			nd 5) Securi Benefi Owned		ities Fo icially (D) d Following Inc		n: Direct or ect (I)	7. Nature of Indirect Beneficial Ownership		
							C		Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)		(Instr. 4)
Common	Stock		02/2	26/2024	4						35,000	A	\$31.552	29(1)	9(1) 269,528			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 I if any (Month/Day	Date,		Transaction of Code (Instr. Derivative			Expiration Date (Month/Day/Year) (Month/Day/Year) Amount of Securities Underlying Derivative Security (Ir 3 and 4)			unt of rities erlying rative rity (Instr.	8. Price of Derivative Security (Instr. 5)				10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exe	e rcisable	Expiration Date	ı Title	Amount or Number of Shares						

Explanation of Responses:

1. Reflects the weighted average price of 35,000 shares of common stock of Option Care Health, Inc. purchased by the reporting person in multiple transactions on February 26, 2024 with purchase prices ranging from \$31.515 to \$31.58 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 purchased at each separate price.

/s/ Sarah Kim, attorney-in-fact 02/28/2024 for Mr. Kraemer

** 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.