FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington,	D.C.	20549

OMB APPROVAL											
OMB Number:	3235-0287										
F-4:44	les constants										

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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

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.

Name and Address of Reporting Person* Pate R Carter					2. Issuer Name and Ticker or Trading Symbol Option Care Health, Inc. [OPCH]									5. Relationship of Reporting Person(s) to Issu (Check all applicable) Uniform 10% Owner.					wner
(Last) C/O OPT	3. Date of Earliest Transaction (Month/Day/Year) 09/03/2024									Officer (give title Other (specify below) below)									
3000 LAKESIDE DRIVE, SUITE 300N					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) BANNOCKBURN IL 60015														Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(Sta	ate) (Z	Zip)																
		Table	I - N	on-Deriva	tive	Secui	rities	Acc	quire	d, Di	sposed of	<u> </u>		-	Own	ed			
Date						· · /	3. Transaction Code (Instr. 8)				and 5) Securit		ties For cially (D) d Following (I) (: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)	Price	Trans		ted action(s) 3 and 4)			(Instr. 4)	
Common Stock 09/03/2			09/03/20	24	24			G		67,342	D	\$	0 3		37,591		D		
Common	Stock		09/03/2024		24				S		1,465	D	\$32.3	32.3691		36,126		D	
		Tal	ble II								osed of, convertib				wne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	ise (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)			nsaction of Der Sec Acc (A) Dis of (sed . 3, 4	6. Date Exe Expiration (Month/Day		ate	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Deriv Secu (Inst		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y [0	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirec Beneficial Ownershi (Instr. 4)
				v		(D)	Date Exercisable		Expiration Date	1 1	Amount or Number of Shares								

Explanation of Responses:

/s/ Sarah Kim, attorney-in-fact 09/05/2024 for Mr. Pate

** 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.