Instruction 1(b).

FORM 4

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

Washington,	D.C.	20549
vacinington,	D.O.	_00.0

to Section 16. Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL	OWNERSHIP
obligations may continue. See		

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

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

Name and Address of Reporting Person*     SULLIVAN TIMOTHY P					2. Issuer Name and Ticker or Trading Symbol Option Care Health, Inc. [ OPCH ]								ck all app	ship of Reporting P applicable) irector		Person(s) to Issuer  10% Owner			
(Last)	(Fir	st) (M	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/15/2024										Office below	er (give title /)		Other (s below)	specify
C/O OPTION CARE HEALTH, INC. 3000 LAKESIDE DRIVE, SUITE 300N					4. If <i>I</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line)	Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person						
(Street) BANNOCKBURN IL 60015						Form filed by More than One Reporting Person										orting			
(City)	(Sta	ate) (Z	Zip)		$ _{\Box}$	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 in satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									hat is inter	nded to			
			I - No			_				Dis	posed of	-			1				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da				ay/Year) Execu		Deemed cution Date, ny nth/Day/Year)				es Acquired (A) o Of (D) (Instr. 3, 4			5. Amo Securit Benefic Owned Report	ies cially Following	6. Own Form: I (D) or I (I) (Inst	Direct ndirect r. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) (D)	or	Price	Transa	ction(s) 3 and 4)			(111511. 4)	
Common	Stock			05/15/	/2024				A		5,325(1)	) A		\$ <mark>0</mark>	68,063		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)	Derivative Conversion Date Security or Exercise (Month/Day/Year) Execution Date, if any				saction of fee (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		vative urities uired or oosed O) tr. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		D S (I	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y Di or (I)	wnership orm: rect (D) Indirect (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code V		(A)	(D)	Date Exercis	able	Expiration Date			nber					

## **Explanation of Responses:**

1. The reporting person received an award of restricted stock units on May 15, 2024, which vest in equal installments on each of the first, second and third anniversaries of the grant date. The number of restricted stock units granted was calculated to reflect \$160,000 of value based on the closing price of the issuer's common stock on May 15, 2024.

/s/ Sarah Kim, attorney-in-fact for Mr. Sullivan

05/17/2024

\*\* 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.