FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinatan	D C	20540	
Nashington,	D.C.	20049	

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL										
OMB Number: 3235-0										
Estimated average burden										
hours per response	e: 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* Wright Norman L.					2. Issuer Name and Ticker or Trading Symbol Option Care Health, Inc. [OPCH]								ck all app	,	ng Perso	on(s) to Is 10% Ov			
(Last)	(Fir	st) (M	/liddle)			3. Date of Earliest Transaction (Month/Day/Year) 05/15/2024							Office below	er (give title		Other (s below)	pecify		
C/O OPTION CARE HEALTH, INC. 3000 LAKESIDE DRIVE, SUITE 300N				4. If <i>I</i>							Line)	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person							
(Street) BANNOCKBURN IL 60015						Form filed by More than One Reporting Person										orting			
(City)	$ _{\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 intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.																	
		Table	I - Nor	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Bene	ficial	ly Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da			Execution Date,		3. Transaction Code (Instr. 8) 4. Securitie Disposed C		es Acquired (A) o Of (D) (Instr. 3, 4 a		(A) or 3, 4 and	5. Amo Securit Benefic Owned Reporte	ies ially Following	Form:	Direct Indirect tr. 4)	7. Nature of Indirect Beneficial Ownership					
							Code	v	Amount	(A) (D)	or I	Price	Transa	ection(s) 3 and 4)			(Instr. 4)		
Common	Stock			05/15/	2024				A		5,325(1)) A :		\$ <mark>0</mark>	7,056		1	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)	if any	med on Date, Day/Year)	Transaction of		Expiration Date (Month/Day/Year) S U U D S		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 Beneficiall Owned Following Reported Transactio (Instr. 4)	y O Fo O (I)	0. wnership orm: irect (D) r Indirect) (Instr. 4)	Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amo or Num of Shar	ber					

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 05/17/2024 for Mr. Wright

** 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.