| SEC Form 4 | |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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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 [*] <u>ARLOTTA JOHN</u> | 2. Issuer Name and Tick Option Care Hea | 0 | | | tionship of Reportir all applicable) Director | ng Person(s) to 10% (| |
|---|---|-------------------|---|--------------------------|---|--------------------------|---------------|
| (Last) (First) (Middle) | 3. Date of Earliest Transa 05/15/2024 | action (Month/ | Day/Year) | | Officer (give title below) | Other below | (specify) |
| C/O OPTION CARE HEALTH, INC. 3000 LAKESIDE DRIVE, SUITE 300N | 4. If Amendment, Date of | f Original Filed | (Month/Day/Year) | 6. Indiv Line) | idual or Joint/Grou | p Filing (Check | Applicable |
| | _ | | | X | Form filed by One | e Reporting Per | son |
| (Street) BANNOCKBURN IL 60015 | | | | | Form filed by Mo Person | re than One Re | porting |
| | Rule 10b5-1(c) | Transact | ion Indication | | | | |
| (City) (State) (Zip) | Check this box to indic | ate that a transa | uction was made pursuant to ns of Rule 10b5-1(c). See li | o a contra nstruction | ct, instruction or writt 10. | en plan that is int | ended to |
| Table I - Non-Deri | ative Securities Acq | uired, Disp | osed of, or Benef | icially | Owned | | |
| 1. Title of Security (Instr. 3) 2. Tran | action 2A. Deemed | 3. | 4. Securities Acquired (A | | 5. Amount of | 6. Ownership | 7. Nature |

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | 4. Securities Disposed Of 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|---|---|------------------------------------|---------------|-------------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (11150.4) |
| Common Stock | 05/15/2024 | | A | | 9,150 ⁽¹⁾ | A | \$ <u>0</u> | 71,009 | I | Through John J. Arlotta Living Trust |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1 | | | | | | | | | | | | | | | |
|---|---|--|---|------------------------------|---|---|---------------------------|--|--------------------|---|---|---|--|--|--|
| 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) | 4. Transa Code (8) | | of Deriv Secu Acqu (A) o Dispe | r osed) r. 3, 4 | 6. Date Exerc Expiration Da (Month/Day/Y | ate | 7. Titl Amou Secur Unde Deriv Secur 3 and | int of rities rlying ative rity (Instr. | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

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 \$275,000 of value based on the closing price of the issuer's common stock on May 15, 2024.

<u>/s/ Sarah Kim, attorney-in-fact</u> for Mr. Arlotta <u>05/17/2024</u>

** 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.