FORM 4

Check this box if no longer subject

to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

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

Washington,	D.C. 20549
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STATEMENT OF	<b>CHANGES IN</b>	<b>BENEFICIAL</b>	<b>OWNERSHIP</b>

**OMB APPROVAL** 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

1. Name and Address of Reporting Person*  BRANDT ERIC				2. Issuer Name and Ticker or Trading Symbol Option Care Health, Inc. [ OPCH ]								ck all app	,	ng Per	rson(s) to Is				
(Last)	(Fir	st) (N	/liddle)		3. Date of Earliest Transaction (Month/Day/Year) 05/15/2024							Office below	er (give title v)		Other (s below)	pecify			
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)							6. 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)	(Sta	ate) (Z	<b>Z</b> ip)		Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See In						a cont	a contract, instruction or written plan that is intended to struction 10.							
		Table	I - Nor	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	3enef	iciall	y Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da				Execu ay/Year) if any		Deemed cution Date, y nth/Day/Year)				es Acquired (A) Of (D) (Instr. 3, 4				ies cially Following	Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
						Code	v	Amount	(A) (D)	() or Price		Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)			
Common Stock 05/15/2				/2024				A		5,325(1)	1	A	\$ <mark>0</mark>	5,325			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)	4. Transactic Code (Inst		of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		De Se (In	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares	er					

## **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. Brandt

\*\* 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.