FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

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

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

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

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*					2. Issuer Name and Ticker or Trading Symbol								Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Grashoff Christopher L.				Option Care Health, Inc. [OPCH]								Conce	Director			10% Ov	vner			
															Office below	er (give title		Other (s	specify	
(Last)	(Fir	st) (N	/liddle)			3. Date of Earliest Transaction (Month/Day/Year)								Chief Growth Officer						
C/O OPT	TION CARI	E HEALTH, INC	2.		10/2	10/21/2024									Cinei Giowni Officei					
3000 LAKESIDE DRIVE, SUITE 300N																				
				4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)							
(Street)															Form filed by One Reporting Person					
BANNO	CKBURN	IL	60015												Form filed by More than One Reporting					
-															Perso	on ,		·	Ĭ	
(City)	(Sta	ate) (Z	(ip)																	
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or B	Bene	ficiall	y Own	ed				
1. Title of S	Security (Inst	r. 3)		2. Transac						5. Amount of 4 and Securities					7. Nature					
				Date (Month/Da	y/Year)	if any			Code (Instr. 5)			Of (D) (Instr. 3, 4		, 4 and	Benefic	cially (D)		or Indirect	of Indirect Beneficial	
				(Month/L		th/Day/Year)		8)		_	_		Report	Reported		(Instr. 4)	Ownership (Instr. 4)			
									Code	۱v	Amount	(A) (D)	P P	rice		action(s) 3 and 4)				
Common Stock 10/21/2					2024		F		911	D	\$	30.51	25	5,364		D				
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
											onvertib									
1. Title of 2. 3. Transaction 3A. Dee Derivative Conversion Date Executive Security or Exercise (Month/Day/Year) if any		ion Date, Tran		saction le (Instr. 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Insti 3 and 4)		De Se (Ir	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y C	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	Amor or Num of Share	ber								

Explanation of Responses:

/s/ Sarah Kim, attorney-in-fact 10/23/2024

for Mr. Grashoff ** 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.