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(h) | |

Madison Dearborn Capital Partners VI-A, L.P.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

7. Nature of Indirect Beneficial Ownership (Instr. 4)

 $footnotes^{(3)(4)(5)}$

11. Nature of Indirect Beneficial Ownership (Instr. 4)

| IIIStruc | LIOH I(b). | | Filet | or Sect | | | | | | | | | | | | Ŀ | | | | | |
|--------------------------------------|---|--|---|--|--------|---|-------------------------|--|----------------------|-------------------|-----------------------------------|--------------------------------|---|------------------------|--|--|-------------------------------|------------------------|--------------------------------------|--|--|
| | | f Reporting Person* | | 2. Issue | er Nar | me an | nd Tick | ker or T | Frading | Symbo | ı | 20.0 | | | | | eporting Po | ersoi | n(s) to Iss | suer | |
| MADISON DEARBORN PARTNERS | | | | Option Care Health, Inc. [OPCH] | | | | | | | | | X | | l applicable) Director | | X 10% C | | /ner | | |
| LLC | | | | 3. Date | of Fa | arliest | Trans | action | (Month | /Day/Ye | ear) | | \dashv | | Office belov | er (giv v) | e title | | Other (s below) | pecify | |
| (Last) | (Fi | rst) (1 | Middle) | 07/24/ | | | Hans | action | (WOTE | Dayric | zui) | | | | | | | | | | |
| | | EARBORN PAR | | | | | | | | | | | | | | | | | | | |
| 70 W M | ADISON S | TREET, SUITE | 4600 | 4. If Am | nendn | nent, [| Date o | of Origi | nal File | d (Mont | th/Day | /Year |) | 6. Indivi Line) | dual o | r Joint | /Group Fili | ing (| Check Ap | plicable | |
| (Street) | | | | | | | | | | | | | | *** | | | by One Re by More th | | • | | |
| CHICAG | GO IL | 6 | 0602 | | | | | | | | | | | X | Perso | | by wore an | un c | пе тере | i ung | |
| (City) | (St | tate) (2 | Zip) | | | | | | | | | | | | | | | | | | |
| | | Table | I - Non-Deriva | tive Se | curi | ities | Acq | uire | d, Dis | pose | d of, | or E | Benefi | cially | Own | ed | | | | | |
| Date | | 2. Transaction Date (Month/Day/Year) | Execution if any | 2A. Deemed Execution Date, if any (Month/Day/Year | | Code | | 4. Securities Acqui Disposed Of (D) (In 5) | | Acquir D) (Ins | juired (A) or (Instr. 3, 4 and | | 5. Amount of Securities Beneficially Owned Following | | ring | 6. Ownership Form: Direct (D) or Indirect (I) | | | | | |
| | | | | | | Ī | Code | v | Amount (A) | | (A) o (D) |) or Price | | Transa | eported ransaction(s) nstr. 3 and 4) | | (Instr. 4) | | | | |
| Common | Stock, par | value \$0.0001 | 07/24/2020 | | | | S | | 8,00 | 0,000 | D | \$1 | 12.5(1) | 134,6 | 13,74 | . 8 ⁽²⁾ | I (3)(4) | | See footno | tes ⁽³⁾⁽⁴⁾⁽ | |
| | | Tal | ble II - Derivat | | | | | | | | | | | | wne | d | | | | | |
| 1. Title of | 2. | 3. Transaction | (e.g., pt | ıts, call | | | nts, | _ | | isable a | | | curition e and | - | ice of | 0 Nr. | umber of | 10. | | 11. Nati | |
| Derivative Security (Instr. 3) | Conversion or Exercise Price of Derivative | Date (Month/Day/Year) | Execution Date, if any (Month/Day/Year) | Transact Code (Ins 8) | ion | of Deriva Secur Acqui | ative rities ired | Expir | ation Da th/Day/\ | ate | | Amou Secur Unde Deriv | int of rities rlying ative | Deriv Secu (Inst | vative ırity | deriv Secu Bene Own | ative urities eficially | Ow For Dir or | nership m: ect (D) Indirect | of Indir Benefic Owners (Instr. 4 | |
| | Security | | | | | (A) or Dispo of (D) (Instr. and 5 | sed . 3, 4 | | | | | 3 and | rity (Inst 4) | r. | | Repo | orted saction(s) | " | (Instr. 4) | | |
| | | | | | | | | | | | | | Amour | nt | | | | | | | |
| | | | | Code V | , | (A) | (D) | Date Exerc | isable | Expira Date | | Title | Number of Shares | | | | | | | | |
| | | f Reporting Person* ARBORN PA | | <u>C</u> | | , | | | | | | | | ' | | | | | | | |
| (Last) | | (First) | (Middle) | | | | | | | | | | | | | | | | | | |
| | | EARBORN PAR TREET, SUITE | | | | | | | | | | | | | | | | | | | |
| (Street) | | | | | | | | | | | | | | | | | | | | | |
| CHICAG | GO | IL | 60602 | | | | | | | | | | | | | | | | | | |
| (City) | | (State) | (Zip) | | | | | | | | | | | | | | | | | | |
| | | f Reporting Person [*] ARBORN PA | | | | | | | | | | | | | | | | | | | |
| A&C, | | MDOM 171 | KINLKS VI | | | | | | | | | | | | | | | | | | |
| (Last) | DISON DI | (First) | (Middle) | | | | | | | | | | | | | | | | | | |
| | | EARBORN PAR TREET, SUITE | | | | | | | | | | | | | | | | | | | |
| (Street) | GO | IL | 60602 | | | | | | | | | | | | | | | | | | |
| (City) | | (State) | (Zip) | | | | | | | | | | | | | | | | | | |
| 1. Name a | nd Address of | f Reporting Person* | | | 1 | | | | | | | | | | | | | | | | |

| (Last) | (First) | (Middle) | | | | | | |
|---|--|----------|--|--|--|--|--|--|
| C/O MADISON D | EARBORN PARTN | ERS, LLC | | | | | | |
| 70 W MADISON STREET, SUITE 4600 | | | | | | | | |
| (Street) | | | | | | | | |
| CHICAGO | IL | 60602 | | | | | | |
| (City) | (State) | (Zip) | | | | | | |
| ` '' | | (=-P) | | | | | | |
| 1. Name and Address of MDP HC HOL | | | | | | | | |
| (Last) | (First) | (Middle) | | | | | | |
| | , | ` ′ | | | | | | |
| C/O MADISON DEARBORN PARTNERS, LLC 70 W MADISON STREET, SUITE 4600 | | | | | | | | |
| (Street) | | | | | | | | |
| CHICAGO | IL | 60602 | | | | | | |
| (City) | (State) | (Zip) | | | | | | |
| 1 Name and Address (| of Reporting Person* | | | | | | | |
| 1. Name and Address of Reporting Person* HC GROUP HOLDINGS I, LLC | | | | | | | | |
| (Last) | (First) | (Middle) | | | | | | |
| C/O MADISON D | EARBORN PARTN | ERS, LLC | | | | | | |
| 70 W MADISON STREET, SUITE 4600 | | | | | | | | |
| (Street) CHICAGO | IL | 60602 | | | | | | |
| | | | | | | | | |
| (City) | (State) | (Zip) | | | | | | |
| | 1. Name and Address of Reporting Person* FINNEGAN PAUL J | | | | | | | |
| (Last) | (First) | (Middle) | | | | | | |
| | | | | | | | | |
| C/O MADISON DEARBORN PARTNERS, LLC 70 W MADISON STREET, SUITE 4600 | | | | | | | | |
| (Street) | | | | | | | | |
| CHICAGO | IL | 60602 | | | | | | |
| (Cit) | (Otata) | (7:-) | | | | | | |
| (City) | (State) | (Zip) | | | | | | |
| 1. Name and Address of Reporting Person* MENCOFF SAMUEL M | | | | | | | | |
| (Last) | (First) | (Middle) | | | | | | |
| l ` ′ | EARBORN PARTN | | | | | | | |
| 70 W MADISON STREET, SUITE 4600 | | | | | | | | |
| (Street) | | | | | | | | |
| CHICAGO | IL | 60602 | | | | | | |
| | | | | | | | | |

Explanation of Responses:

- $1. \ The per share sale price reported in this Form 4 does not reflect reduction for underwriting discounts.$
- 2. Consists of 134,613,748 shares of common stock held by HC Group Holdings I, LLC ("HC I").
- 3. MDP HC Holdings, LLC ("MDP HC") is the controlling equityholder of HC I. Madison Dearborn Capital Partners VI-A, L.P. ("MDCP VI-A") is a controlling equityholder and Manager of MDP HC. Madison Dearborn Partners VI-A&C, L.P. ("MDP VI-A&C, L.P. ("MDP VI-A&C, which in turn is the general partner of MDCP VI-A. Elizabeth Q. Betten and Timothy P. Sullivan are Managing Directors of MDP LLC, limited partners of MDP VI-A&C, serve on the board of managers of HC I and serve on the board of directors of Option Care Health, Inc. Paul J. Finnegan and Samuel M. Mencoff are the sole members of a limited partner committee that (by majority vote) controls investment decisions of shares held directly by MDCP VI-A, and may be deemed to control the disposition of shares of Common Stock held directly by HC I.
- 4. (Continued from Footnote 3) By virtue of the relationships described in this footnote, Ms. Betten and Messrs. Sullivan, Finnegan and Mencoff may be deemed to exercise voting and dispositive power with respect to the shares of Common Stock held by HC I. Each of Mr. Finnegan, Mr. Mencoff, Mr. Sullivan, Ms. Betten, MDP LLC, MDP VI-A&C, MDCP VI-A and MDP HC disclaims beneficial ownership of the shares of Common Stock owned by HC I except to the extent of its pecuniary interest therein.
- $5. \ The \ other \ beneficial \ owners \ of \ the \ reported \ securities \ have \ separately \ filed \ Form \ 4s.$

/s/ Annie Terry, by power of attorney for Mr. Mencoff /s/ Annie Terry, by power of attorney for Mr. Finnegan /s/ Annie Terry, Managing

07/24/2020

07/24/2020

07/24/2020

Director of Madison Dearborn

Partners, LLC

/s/ Annie Terry, Managing

Director of Madison Dearborn

Partners, LLC, the General 07/24/2020

07/24/2020

07/24/2020

Partner of Madison Dearborn

Partners VI-A&C, L.P.

/s/ Annie Terry, Managing

Director of Madison Dearborn

Partners, LLC, the ultimate

General Partner of Madison Dearborn Capital Partners VI-

<u>A, L.P.</u>

/s/ Annie Terry, Managing

Director of Madison Dearborn

Partners, LLC, the ultimate

General Partner of Madison

Dearborn Capital Partners VI-

A, L.P., which is the

controlling equityholder of

MDP HC Holdings, LLC

/s/ Annie Terry, Managing

Director of Madison Dearborn

Prs, LLC, the ultimate Gen Pr

of Madison Dearborn Cpl Prs

VI-A, L.P., which is the

controlling equityholder of

MDP HC Hldgs, LLC, which

is the controlling equityholder

of HC Group Holdings I, LLC

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

^{**} Signature of Reporting Person

^{*} 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).