Instruction 1(b).

[

## FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

STATEMEN	OMB Number: 3235 Estimated average burden			
Filed	hours per response:	0.5		
	2 Issuer Name and Ticker or Trading Symbol	5 Relationship of R	enorting Person(s) to I	ssuer

			ivative Securities Acquired. Disposed of, or Ben		<u> </u>				
(City)	(State)	(Zip)							
BANNOCKBURN IL 60015		60015			Form filed by More th Person	an One Reporting			
3000 LAKESIDE DRIVE, SUITE 300N(Street)				X	Form filed by One Reporting Person				
		UTTE SUUN	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indi Line)	6. Individual or Joint/Group Filing (Check Applicable				
	ON CARE HEAL								
l`´´	( )	( )	06/22/2020						
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)	-	Officer (give title below)	Other (specify below)			
Pate R Carter				X	Director	10% Owner			
1. Name and Address of Reporting Person*			2. Issuer Name and Ticker or Trading Symbol Option Care Health, Inc. [ OPCH ]		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				

## Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)						Securities Beneficially	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)		(1150.4)
Common Stock, par value \$0.0001	06/22/2020	Α		15,237(1)	Α	\$ <mark>0</mark>	86,896	D	

									1						
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)	saction /Day/Year) A. Deemed Execution Date, if any (Month/Day/Year) A. 5. 1 Transaction Code (Instr. 8) Securit (A) Code (Instr. 8) Securit (A) Code (Instr. 8) Securit (A) Code (Instr. 8) Securit (A) Code (Instr. 8) Securit (A) Code (Instr. 8) Securit (A) Code (Instr. 8) Securit (A) (A) Securit (A)		of Deriv Secu Acqu (A) o Disp of (D	r osed ) r. 3, 4	Expiration Date (Month/Day/Year) eed 3, 4			le and unt of rities rlying ative rity (Instr. I 4)	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 June 22, 2020. The number of restricted stock units granted was calculated to reflect \$206,000 of value based on the closing price of the issuer's common stock on May 22, 2020, the date of the annual meeting at which directors were elected.

## /s/ Clifford E. Berman, by power of attorney

06/24/2020

\*\* 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.