FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
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	Check this box if no longer subject
$\Box$	to Section 16. Form 4 or Form 5
$\cup$	obligations may continue. See
	Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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*  Sahney Nitin  (Last) (First) (Middle)  C/O OPTION CARE HEALTH, INC.  3000 LAKESIDE DRIVE, SUITE 300N					2. Issuer Name and Ticker or Trading Symbol     Option Care Health, Inc. [ OPCH ]      3. Date of Earliest Transaction (Month/Day/Year)     05/17/2023										eck all appoints  X Direct Office	lationship of Report ck all applicable) Director Officer (give title below)		son(s) to Is  10% Ov  Other (s below)	Owner (specify	
					4. If Amendment, Date of Original Filed (Month/Day/Year)									Line	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person					
(Street) BANNOCKBURN IL 60015					Pulo 10h5 1(c) Transaction Indication										Form filed by More than One Reporting Person					
(City)	(St	ate) (Z	Zip)		Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.															
		Table	I - No	n-Deriva	tive S	ecui	rities	Acq	uired,	Disp	oosed of	, or	Ben	eficia	lly Owr	ned				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day					Exec if any	Deemed ecution Date, any onth/Day/Year)		Transaction Disposed Code (Instr. and 5)		ities Acquired ( <i>I</i> d Of (D) (Instr. 3			Securi Benefi Owned Follow	5. Amount of Securities Beneficially Owned Following		Direct ct (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	() (I	A) or D)	Price		ted action(s) 3 and 4)				
Common	Stock			05/17/2	2023				A		8,817(1		A	\$ <mark>0</mark>	6	61,657		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)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any			tion Date,	4. Transaction Code (Instr. 8)		Secu Acqu (A) o Disp of (D	vative irities ired ir osed ) r. 3, 4	6. Date E Expiratio (Month/E	n Da		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4		; ; ;	3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Ownership Form: Direct (D) or Indirect	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nun of	ount nber ires						

## Explanation of Responses:

1. The reporting person received an award of restricted stock units on May 17, 2023, 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 \$248,500 of value based on the closing price of the issuer's common stock on May 17, 2023.

/s/ Sarah Kim, attorney-infact for Mr. Sahney

06/07/2023

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.