FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	$D \subset$	205/10
vasiiiigton,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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 ar		2. Issuer Name and Ticker or Trading Symbol Option Care Health, Inc. [OPCH]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner V Officer (give title Other (specify										
(Last) (First) (Middle) C/O OPTION CARE HEALTH, INC. 3000 LAKESIDE DRIVE, #300N						3. Date of Earliest Transaction (Month/Day/Year) 11/08/2021									X Officer (give title Officer (specify below) CHIEF OPERATING OFFICER					
(Street) BANNOCKBURN IL 60015						f Ame	ndmer	nt, Date	of Origina	al File	ed (Month/D		6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting							
(City)	(City) (State) (Zip)											Person								
		Tab	le I - No	on-Deriv	ative	e Se	curit	ies Ac	quired	, Di	sposed (of, or Be	nefici	ally Own	ed					
Date				2. Transac Date (Month/Da	ay/Year) i		2A. Deemed Execution Date, if any (Month/Day/Year)		3. 4. Securiti Transaction Code (Instr. 8)		ties Acquired (A) or Of (D) (Instr. 3, 4 ar		d 5) Secui Benet Owne	Beneficially Owned Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price		ted action(s) 3 and 4)	tion(s)		(Instr. 4)		
Common Stock, par value \$0.0001				11/08/	2021				M		6,000	A	(1)	1	31,974		D			
Common Stock, par value \$0.0001			11/08/	2021				S ⁽²⁾		6,000	D	\$27.9)3 ⁽³⁾ 1	25,974	5,974					
Common Stock, par value \$0.0001 12			12/06/	/2021				M		6,000	A	(1)	1	31,974	1,974					
Common Stock, par value \$0.0001 12/06/			2021		S ⁽²⁾		6,000	D	\$24.	81 1	25,974		D							
		Т	able II								oosed of converti			ly Owned	I		·			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	ion Date ise (Month/Day/Year) Ex (M		ecution Date,		4. Transaction Code (Instr. 8)		on of		6. Date Exercis Expiration Dat (Month/Day/Ye		7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		e O s Fe lly D or	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa	ıble	Expiration Date	Title	Amoun or Numbe of Shares							
Employee Stock Option (Right to Buy)	\$10.12	11/08/2021			М			6,000	(2)		(2)	Common Stock, par value \$0.0001	6,000	\$0	29,24	9	D			
Employee Stock Option (Right to Buy)	\$10.12	12/06/2021			М			6,000	(2)		(2)	Common Stock, par value \$0.0001	6,000	\$0	23,24	9	D			

Explanation of Responses:

- 1. These stock options were granted on November 28, 2017, and vested and became exercisable in three equal installments commencing on the first anniversary of the grant date.
- 2. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan.
- 3. The price reported in Table I, Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$27.91 to \$27.98. The reporting person undertakes to provide, upon request by the SEC staff, the issuer, or any security holder of the issuer, full information regarding the number of shares purchased at each separate price.

/ Clifford E. Berman, by power of attorney

12/08/2021

** 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.