FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average burden									
- 1	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)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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Name and Address of Reporting Person* Smyser Collin						2. Issuer Name and Ticker or Trading Symbol Option Care Health, Inc. [OPCH]									ck all applic	ationship of Reporting Person(s) to Issuer (all applicable) Director 10% Owner					
	C/O OPTION CARE HEALTH, INC.						3. Date of Earliest Transaction (Month/Day/Year) 02/22/2023								Officer below) GC	specify					
3000 LAKESIDE DRIVE, SUITE 300N							4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)						
(Street) BANNOCKBURN IL 60015															Form filed by One Reporting Person Form filed by More than One Reporting						
(City)	(City) (State) (Zip)															Person					
		Tab	ole I - Nor	n-Deriv	ative	Se	curities	s Ac	quired,	Dis	posed c	f, or B	nefi	cially	/ Owned						
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					action 2A. Deemed Execution Date, if any (Month/Day/Year)		Code	Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			5. Amour Securitie Beneficia Owned F	s illy ollowing	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership				
						Code	v	Amount (A) or (D)		rice	Transact (Instr. 3 a	ion(s)			(Instr. 4)						
Common Stock 0					22/2023				A		7,148 ⁽¹⁾ A			\$ <mark>0</mark>	7,148			D			
Common Stock				02/22	/22/2023				A		8,663 ⁽²⁾ A			\$ <mark>0</mark>	15,	15,811		D			
			Table II -								osed of, onverti				Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	d Date,	l. Fransaction Code (Instr.		5. Number of		6. Date E Expiratio (Month/D	xercis n Date	able and	7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		ount	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactie (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amo or Nun of Sha								
Employee Stock Option (right to buy)	\$28.86	02/22/2023			A		13,124		(3)	0	02/22/2033	Commor Stock	13,	124	\$0	13,12	4	D			
Employee Stock Option (right to buy)	\$28.86	02/22/2023			A		15,907		(4)	0	02/22/2033	Common Stock	15,	907	\$0	15,90	7	D			

Explanation of Responses:

- 1. The restricted stock units granted in this award vest as to 25% of the underlying shares of Common Stock on each of the first, second, third and fourth anniversary of the grant date.
- 2. All restricted stock units granted in this award vest on February 22, 2026.
- 3. The stock option will vest as to 25% of the underlying shares of Common Stock on each of the first, second, third and fourth anniversaries of the grant date.
- 4. All stock options will vest on February 22, 2026.

/s/ Sarah Kim, attorney-in-fact for Mr. Smyser

02/24/2023

** 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.