FORM 4

Check this box if no longer subject

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.	.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

	tion 16. Form 4 tions may contir	or Form 5											III.	nated average bur s per response:	den 0.5	
Instruc	ction 1(b).			Filed						es Exchange npany Act of		934				
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)				
Pate R Carter				Option Care Heatin, Inc. [ Of Cir ]								X Direc	ctor	10% (	)wner	
l	C/O OPTION CARE HEALTH, INC.				3. Date of Earliest Transaction (Month/Day/Year) 12/21/2021								Offic belo	er (give title w)	Other below	(specify
3000 LAKESIDE DRIVE, SUITE 300N					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applic Line)			
(Street)  BANNO	Street) BANNOCKBURN IL 60015												X Forn	•	ne Reporting Per	
-													Pers			20. tilg
(City)	(Sta	ate) (Z	Zip)													
		Table	I - Non-D	Derivat	tive S	ecur	rities Acq	uired,	Dis	posed of,	or Ber	nefici	ally Owr	ed		
1. Title of	Security (Inst		2. T	Transacti ate Month/Day	ion	2A. D Exec if any	eemed ution Date,	3. Transa Code (	ction	4. Securities Disposed Of 5)	Acquire	d (A) or	5. Amo Secur Benef Owner	ount of ties cially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
1. Title of	Security (Inst		2. T	Transacti ate	ion	2A. D Exec if any	Deemed ution Date,	3. Transa Code (	ction	4. Securities Disposed Of	Acquire	d (A) or	5. Ame Secur Benef Owner Repor Transa	ount of ties cially d Following	Form: Direct (D) or Indirect	of Indirect Beneficial
			2. T Da (Mo	Transacti ate	ion //Year)	2A. D Exec if any	Deemed ution Date,	3. Transa Code ( 8)	ction Instr.	4. Securities Disposed Of 5)	Acquired (D) (Inst	d (A) or r. 3, 4 ar	5. Amo Securi Benefi Owned Repor Transa (Instr.	ount of ties cially d Following ted action(s)	Form: Direct (D) or Indirect	of Indirect Beneficial Ownership
Common	Stock, par	т. 3)	2. T Da (Mo	Transacti ate Month/Day	ion //Year)	2A. D Exec if any	Deemed ution Date,	3. Transa Code ( 8)	ction Instr.	4. Securities Disposed Of 5)	Acquired (D) (Insti	d (A) or r. 3, 4 ar Price	5. Ame Secur Benef Owned Repor Trans: (Instr.	ount of ties cially d Following ted action(s) 3 and 4)	Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership
Common	Stock, par	value \$0.0001 value \$0.0001	2. Day (Mo	Transaction of the state of the	021 022	2A. D Exec if any (Mon	Deemed ution Date, / th/Day/Year)	3. Transa Code (8)  Code  S <sup>(1)</sup> S <sup>(1)</sup>	ction Instr.	4. Securities Disposed Of 5)  Amount 5,125	(A) or (D)	Price \$2° \$30	5. Am Secur Benef Ownee Repor Transa (Instr. 7 10 54 10	count of ties cially d Following ted action(s) 3 and 4) 00,095	Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership

## **Explanation of Responses:**

Security

- 1. The transactions reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted on November 5, 2021.
- 2. The amount reported following the June 1, 2022 sale also reflects the December 21, 2022 transaction reported above and the previously-reported intervening award of 8,898 restricted stock units on May 20, 2022.

(D)

(A)

Date

Exercisable

(A) or Disposed of (D) (Instr. 3, 4 and 5)

ν

Code

/s/ Sarah Kim, attorney-in-fact for Mr. Pate \*\* Signature of Reporting Person

Security (Instr. 3 and 4)

Title

Expiration

Date

Amount Number

Shares

06/03/2022

Date

Following Reported

Transaction(s) (Instr. 4)

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.