FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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Check this box if no longer subject	ST
to Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(b).	

TATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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* KRAEMER HARRY M JANSEN JR					2. Issuer Name and Ticker or Trading Symbol Option Care Health, Inc. [OPCH]										tionship of Reporting all applicable) Director		ng Per	son(s) to Is	
(Last)	(Fir	st) (N	Middle	e)	3. Date of Earliest Transaction (Month/Day/Year) 08/11/2023										Office	er (give title v)		Other (s below)	pecify
C/O OPTION CARE HEALTH, INC. 3000 LAKESIDE DRIVE, SUITE 300N				4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)								Indiv ne)	-/				·	
(Street) BANNOCKBURN IL 60015			.5	Form filed by More than One Reporting Person												orting			
(City)	(City) (State) (Zip)				$ _{\Box}$	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 - N	lon-Deriva	tive S	Secui	rities	Acc	quire	ed, Di	sposed o	of, or I	Benefici	ially	Own	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye					on Date,		3. Transaction Code (Instr. 8)		. Securities disposed Of	curities Acquired (A) or osed Of (D) (Instr. 3, 4 ar			Securi Benefi Owned	ecurities eneficially wned Following		n: Direct r ect (I)	7. Nature of Indirect Beneficial Ownership		
							c		V A	mount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)		(Inst	1. 4)	(Instr. 4)	
Common Stock 08/11/202			08/11/202	23				P		55,000	A	\$34.627	76 ⁽¹⁾ 23		234,528		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)	2. Conversion or Exercise Price of Derivative Security	ise (Month/Day/Year) if any (Month/Day/Year) 8)			Transa Code (ansaction of Derivative (Instr. Sec Acq (A) Display of (Instr. Instrumental Control of C					y/Year) Securities Underlyin Derivativ Security 3 and 4)		unt of irities erlying rative irity (Instr.	Deri Sec	rice of ivative urity tr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactior (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 Exe	e rcisable	Expiration Date	n Title	or Number of						

Explanation of Responses:

1. Reflects the weighted average price of 55,000 shares of common stock of Option Care Health, Inc. purchased by the reporting person in multiple transactions on August 11, 2023 with purchase prices ranging from \$34.55 to \$34.7375 per share. The reporting person undertakes to provide upon request by the U.S. Securities and Exchange Commission staff, the issuer, or a security holder of the issuer, full information regarding the number of shares purchased at each separate price.

/s/ Sarah Kim, attorney-in-fact

08/15/2023

for Mr. Kraemer

** 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.