FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ashington,	D.C.	20549	

wasnington, D.C. 20549	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287		

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

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

1. Name and Address of Reporting Person* Pate R Carter			2. Issuer Name and Ticker or Trading Symbol Option Care Health, Inc. [OPCH]									5. Relationship of Report (Check all applicable) X Director			ng Person(s) to Issuer				
(Last)	(Fir	st) (M	/liddle)	3. Date of Earliest Transaction (Month/Day/Year) 05/09/2024								Office below	er (give title		Other (s below)	specify			
C/O OPTION CARE HEALTH, INC. 3000 LAKESIDE DRIVE, SUITE 300N			4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person									
(Street) BANNOCKBURN IL 60015														Form filed by More than One Reporting Person					
(City) (State) (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 - Non-E	Deriva	tive S	Secu	rities	Acq	uired,	Disp	osed of	, or E	Bene	ficially	Own	ed 			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da			Execution Date,		Date,	Transaction Disposed Code (Instr. 5)		es Acquired (A) o Of (D) (Instr. 3, 4 a			5. Amo Securit Benefic Owned Report	ies cially Following	6. Owne Form: D (D) or In (I) (Instr	irect direct . 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
								Code	v	Amount	(A) (D)	or F	Price	Transa	ction(s) s and 4)			(IIISti. 4)	
Common	Stock			05/09/2	2024			G		6,504	D \$		\$ <mark>0</mark>	99,608		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)	Derivative Conversion Date Execution Date, Gecurity or Exercise (Month/Day/Year) if any		Date,		saction of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ow For Dir or	vnership rm: ect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amor or Numl of Share	ber					

Explanation of Responses:

/s/ Sarah Kim, attorney-in-fact 05/10/2024 for Mr. Pate

** Signature of Reporting Person Date

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

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.

^{*} 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).