OPTION CARE INC/DE

Form 4

September 12, 2006

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

OMB APPROVAL

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Check this box

Form 5 obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * 2. Issuer Name and Ticker or Trading **BONACCORSI JOSEPH** Symbol OPTION CARE INC/DE [OPTN] (Last) (First) (Middle) 3. Date of Earliest Transaction

(Check all applicable)

(Month/Day/Year) 485 HALF DAY ROAD, SUITE 300

09/08/2006

4. If Amendment, Date Original

Filed(Month/Day/Year)

Director 10% Owner X_ Officer (give title _ Other (specify below) below)

5. Relationship of Reporting Person(s) to

Secretary

6. Individual or Joint/Group Filing(Check

Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

Person

Issuer

BUFFALO GROVE, IL 60089

(Street)

(Ctata)

| (City) | (State) (A | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | |
|------------------------|--------------------------------------|--|------------------|---|--------|------------|----------------------------|----------------------------|-----------------------|--|
| 1.Title of Security | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if | 3. Transactio | 4. Securities Acquired asaction(A) or Disposed of | | | 5. Amount of Securities | 6. Ownership Form: Direct | 7. Nature of Indirect | |
| (Instr. 3) | (manua buj, reur) | any | Code | (D) | | | Beneficially | (D) or | Beneficial | |
| | | (Month/Day/Year) | (Instr. 8) | (Instr. 3, 4 and 5) | | | Owned Following | Indirect (I) (Instr. 4) | Ownership (Instr. 4) | |
| | | | | | (A) or | | Reported Transaction(s) | | | |
| | | | Code V | Amount | (D) | Price | (Instr. 3 and 4) | | | |
| Common Stock | 09/08/2006 | | M | 7,383 | A | \$ 5.23 | 7,383 | D | | |
| Common Stock | 09/08/2006 | | M | 7,383 | D | \$ 13.5 | 0 | D | | |

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

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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 | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. Number op f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount Underlying Securitie (Instr. 3 and 4) | |
|---|---|--------------------------------------|---|--|---|--|--------------------|---|--------------------------|
| | | | | | and 3) | Date Exercisable | Expiration Date | Title | Amou or Numb of |

Code V (A)

M

(D)

7,383 02/28/2004 02/28/2013

Share

7,38

Common

Stock

Reporting Owners

\$ 5.23

Reporting Owner Name / Address Relationships

09/08/2006

Director 10% Owner Officer Other

BONACCORSI JOSEPH 485 HALF DAY ROAD SUITE 300 BUFFALO GROVE, IL 60089

Secretary

Signatures

Joseph P.

Stock Option

(right-to-buy)

Bonaccorsi 09/12/2006

**Signature of Reporting Person Date

Explanation of Responses:

- * 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).
- (1) The reported transation is the exercise of a derivative security (i.e., Stock option); the exercise price if found in column 2.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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