#### **OPTION CARE INC/DE**

Form 4 May 25, 2006

### FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB** Number:

**OMB APPROVAL** 

3235-0287

Expires:

January 31, 2005

0.5

of

Estimated average burden hours per

response...

if no longer subject to Section 16. Form 4 or

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).

Common

Stock

05/11/2006

(Print or Type Responses)

1. Name and Address of Reporting Person * BLECHSCHMIDT EDWARD A			2. Issuer Name and Ticker or Trading Symbol OPTION CARE INC/DE [OPTN]			5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)		
(Last)	(First) (N	Middle)	3. Date of	Earliest Tr	ansaction	(Clicc	к ан аррисаон	,
485 HALF I	DAY ROAD, SU	ITE 300	(Month/Day/Year) 05/11/2006			_X_ Director Officer (give below)	titleOther	Owner er (specify
(Street) BUFFALO GROVE, IL 60089			4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check		
						Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City)	(State)	(Zip)	Tabl	e I - Non-D	Perivative Securities Acq	uired, Disposed of	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any		3. Transaction Code (Instr. 8)	4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	

(A)

Price

11.25

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Transaction(s) (Instr. 3 and 4)

D

5,000

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

Code V Amount (D)

3,940

P

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1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transactio	5. Mumber	6. Date Exer Expiration D		7. Title and Amount of		
Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	of Derivati Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day, ve es d		Underlying Securities (Instr. 3 an	g Security (Instr. 5)	Secur Bene Own Follo Repo Trans (Instr
				Code V	(A) (D	) Date Exercisable	Expiration Date	or	mber	

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
BLECHSCHMIDT EDWARD A 485 HALF DAY ROAD SUITE 300 BUFFALO GROVE, IL 60089	X					

## **Signatures**

Joseph Bonaccorsi, Attorney-In-Fact

05/15/2006

\*\*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).

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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