

OPTION CARE INC/DE

Form 4/A

April 12, 2006

FORM 4**UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549**

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

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF
SECURITIES**

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

OMB APPROVAL

OMB
Number: 3235-0287
Expires: January 31,
2005
Estimated average
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(Print or Type Responses)

1. Name and Address of Reporting Person *
SMITH RICHARD M

(Last) (First) (Middle)

485 HALF DAY ROAD, SUITE 300

(Street)

BUFFALO GROVE, IL 60089

(City) (State) (Zip)

2. Issuer Name **and** Ticker or Trading
Symbol

OPTION CARE INC/DE [OPTN]

3. Date of Earliest Transaction
(Month/Day/Year)

09/26/2005

4. If Amendment, Date Original
Filed(Month/Day/Year)
10/03/2005

5. Relationship of Reporting Person(s) to
Issuer

(Check all applicable)

____ Director ____ 10% Owner
____X____ Officer (give title below) ____ Other (specify below)

President & COO

6. Individual or Joint/Group Filing(Check
Applicable Line)
____X____ Form filed by One Reporting Person
____ Form filed by More than One Reporting
Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership (Instr. 4)
Common Stock	09/26/2005		M	(A) or (D) A	20,128 (1) \$ 6.03	20,128 (2)	D
Common Stock	09/26/2005		S	D	\$ 14 0 (2)		D

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

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information contained in this form are not
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SEC 1474
(9-02)

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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. Transaction Code (Instr. 8)	5. Number of 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 of Underlying Securities (Instr. 3 and 4)
Stock Option (right to buy)	\$ 6.03	09/26/2005		M	20,128	05/09/2005 ⁽³⁾ 05/09/2013	Common Stock 20,128

Reporting Owners

Reporting Owner Name / Address	Relationships
	Director 10% Owner Officer Other
SMITH RICHARD M 485 HALF DAY ROAD SUITE 300 BUFFALO GROVE, IL 60089	President & COO

Signatures

Joseph P. Bonaccorsi,
Attorney-in-Fact 04/12/2006

**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) Amendment filed to correct a typographical error in the number of shares acquired upon exercise of options by the Reporting Person, reported in Column 4 of Table I.
- (2) Amendment filed to correct the number of shares beneficially owned by the Reporting Person, as reported in Column 5 of Table I.
- (3) Amendment filed to correct the Date Exercisable for the options exercised, reported in Column 6 of Table II. The underlying grant of 450,000 non-qualified stock options vest 25% per year on each anniversary of the grant date, May 9, 2003. The options exercised in this reported transaction vested on May 9, 2005.
- (4) The reported transaction is the exercise of a derivative security (i.e. stock option); the exercise price is found in Column 2 of Table II.
- (5) Amendment filed to correct the number of derivative securities beneficially owned by the Reporting Person, as reported in Column 9 of Table II.

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.