## Edgar Filing: SHELDON JEROME - Form 4/A

| SHELDON JH  | EROME                           |            |  |                                |                                |           |                        |   |                     |                         |  |
|---|---------------------------------|------------|--|--------------------------------|--------------------------------|-----------|------------------------|---|---------------------|-------------------------|--|
| Form 4/A  |                                 |            |  |                                |                                |           |                        |   |                     |                         |  |
| May 10, 2005  |                                 |            |  |                                |                                |           |                        |   |                     |                         |  |
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION   |                                 |            |  |                                |                                |           |                        | OMB AF  | PPROVAL             |                         |  |
| UNITED STATES SECURITIES AND EXCHANGE COMMISSION  |                                 |            |  |                                |                                |           |                        |   | OMB                 | 3235-0287               |  |
| Check this box  |                                 |            |  |                                |                                |           |                        | Number:   |                     |                         |  |
| if no longer  |                                 |            |  |                                |                                |           |                        | Expires:  | January 31,<br>2005 |                         |  |
| subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP   |                                 |            |  |                                |                                |           | NERSHIP OF             | Estimated average   |                     |                         |  |
| Section 16<br>Form 4 or   |                                 |            | I  | SECURI                         | TIES                           |           |                        |   | burden hours per    |                         |  |
| Form 5  |                                 |            |  |                                |                                |           |                        | response  | 0.5                 |                         |  |
| obligations   | Section 17(                     |            |  |                                |                                |           | -                      | 1935 or Section   | n                   |                         |  |
| may contir<br>See Instruc   | iue.                            |            | of the Inv                                 | •                              | <b>U</b>                       |           |                        |   |                     |                         |  |
| 1(b).   |                                 | ( )        |  |                                | 1 1                            |           |                        |   |                     |                         |  |
|   |                                 |            |  |                                |                                |           |                        |   |                     |                         |  |
| (Print or Type Re   | esponses)                       |            |  |                                |                                |           |                        |   |                     |                         |  |
| 1   |                                 | <b>D</b> * |  |                                |                                |           |                        | 5 5 1 2 1 6   | D ( D               |                         |  |
| 1. Name and Address of Reporting Person <sup>*</sup> 2. Issuer Name and Ticker or Trading       5. Relationship of Issuer |                                 |            |  |                                |                                |           | Reporting Person(s) to |   |                     |                         |  |
| Symbol  |                                 |            |  |                                |                                |           | 100401                 |   |                     |                         |  |
|   | OPTION CARE INC/DE [OPTN] (Chea |            |  |                                |                                |           | (Chec                  | k all applicable)   |                     |                         |  |
| (Last)  | (First) (N                      | Aiddle)    | 3. Date of Earliest Transaction            |                                |                                |           |                        |   |                     |                         |  |
|   | AV DOAD SU                      | ITE 200    | (Month/Da                                  | •                              |                                |           |                        | X_ Director<br>Officer (give  |                     | Owner<br>er (specify    |  |
| 403 NALF D  | AY ROAD, SU                     | IIE 300    | 08/23/20                                   | 04                             |                                |           |                        | below)  | below)              | i (speen)               |  |
| (Street) 4.1  |                                 |            | 4. If Amen                                 | 4. If Amendment, Date Original |                                |           |                        | 6. Individual or Joint/Group Filing(Check                                       |                     |                         |  |
| Filed(Mor   |                                 |            |  | (Month/Day/Year)               |                                |           |                        | Applicable Line)  |                     |                         |  |
| 08/24/20  |                                 |            |  | 004                            |                                |           |                        | _X_ Form filed by One Reporting Person<br>Form filed by More than One Reporting |                     |                         |  |
| BUFFALO C   | BROVE, IL 6008                  | 39         |  |                                |                                |           |                        | Person  | fore than one Re    | porting                 |  |
| (City)  | (State)                         | (Zip)      | Table                                      | I - Non-De                     | rivative S                     | ecurit    | ies Acq                | uired, Disposed of  | , or Beneficial     | ly Owned                |  |
| 1.Title of  | 2. Transaction Da               | te 2A De   |  | 3.                             |                                |           | _                      | 5. Amount of  | 6. Ownership        | -                       |  |
| Security  | (Month/Day/Year                 |            | ion Date, if Transaction(A) or Disposed of |                                |                                |           |                        | Securities  | Form: Direct        |                         |  |
| (Instr. 3)  |                                 | any        |  | Code (D)                       |                                |           |                        | Beneficially  |                     | Beneficial              |  |
|   |                                 | (Month     | /Day/Year)                                 | (Instr. 8)                     | (Instr. 8) (Instr. 3, 4 and 5) |           |                        |   | Indirect (I)        | Ownership<br>(Instr. 4) |  |
|   |                                 |            |  |                                |                                |           |                        | Reported  | (Instr. 4)          | (Instr. 4)              |  |
|   |                                 |            |  |                                |                                | (A)<br>or |                        | Transaction(s)  |                     |                         |  |
|   |                                 |            |  | Code V                         | Amount                         | (D)       | Price                  | (Instr. 3 and 4)  |                     |                         |  |
| Commoon   | 08/23/2004                      |            |  | М                              | 9,375                          | Λ         | \$                     | 71,875 (2)  | D                   |                         |  |
| Stock   | 08/23/2004                      |            | 11/1                                       | 9,575                          | А                              | 5.05      | /1,0/3 (               | D   |                     |                         |  |
| Common  |                                 |            |  |                                |                                |           | \$                     |   |                     |                         |  |
| Stock   | 08/23/2004                      |            |  | М                              | 9,375                          | А         | <b>8.06</b>            | 81,250 <u>(2)</u>   | D                   |                         |  |

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

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 control number.

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

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| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transactio<br>Code<br>(Instr. 8) | 5. Number of<br>orDerivative<br>Securities<br>Acquired (A) or<br>Disposed of (D)<br>(Instr. 3, 4, and<br>5) |       | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                    | 7. Title and Amount o<br>Underlying Securities<br>(Instr. 3 and 4) |  |
|---|---|---|---|--|---|-------|--|--------------------|--|--|
|   |   |   |   | Code V                                 | (A)   | (D)   | Date<br>Exercisable  | Expiration<br>Date | Title  | Amount<br>or<br>Number<br>of<br>Shares |
| Stock<br>Option<br>(right to<br>buy)                | \$ 5.05   | 08/23/2004                              |   | М                                      |   | 9,375 | 11/03/2001   | 11/03/2010         | Common<br>Stock  | 9,375                                  |
| Stock<br>Option<br>(right to<br>buy)                | \$ 8.06   | 08/24/2004                              |   | М                                      | 9,375   |       | 11/01/2003   | 11/01/2012         | Common<br>Stock  | 9,375                                  |

r

## **Reporting Owners**

| Reporting Owner Name / Address  | Relationships |           |         |       |  |  |
|---|---------------|-----------|---------|-------|--|--|
|   | Director      | 10% Owner | Officer | Other |  |  |
| SHELDON JEROME<br>485 HALF DAY ROAD<br>SUITE 300<br>BUFFALO GROVE, IL 60089 | Х             |           |         |       |  |  |
| Signatures  |               |           |         |       |  |  |

Jerome Sheldon 08/24/2004 \*\*Signature of Date
Reporting Person

## **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 transaction is the exercise of a derivative security (i.e., stock option); the exercise price is found in column 2.
- (2) Total amended due to clerical calculation error.

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.