FORM 4

UNITED STATES SECU

Washington, D.C. 20549

ΚI	HES	AND	EXC	HANGE	COMIN	MISSION

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

0.5

hours per response:

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1(c). S	ee Instruction 1	0.																	
1. Name and Address of Reporting Person* Miller Steven B					2. Issuer Name and Ticker or Trading Symbol BrightSpring Health Services, Inc. [BTSG]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
												1	Direc	tor		10% Ov	/ner		
(Last) (First) (Middle) C/O BRIGHTSPRING HEALTH SERVICES, INC. 805 N. WHITTINGTON PARKWAY				3. Date of Earliest Transaction (Month/Day/Year) 11/05/2024									below	cer (give title ow)		Other (specify below)			
					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street) LOUISVILLE KY 40222											I I	<u>,</u>							
(City)	(St	ate) (Ž	Zip)																
		Table	I - No	n-Deriva	tive S	ecuri	ities Ac	quire	d, D	isp	osed of	, or I	Bene	ficially	Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					ay/Year) Exec		eemed ution Date, th/Day/Yea	Cod	Transaction Dispose Code (Instr. 5)		Disposed (ties Acquired (A I Of (D) (Instr. 3,			5. Amount of Securities Beneficially Owned Following Reported		Form (D) o	r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership
								Cod	de V		Amount	(A)	or	Price	Transa	ction(s) 3 and 4)			Instr. 4)
Common Stock 11/05/2					2024		A (1)		10,708	,	A	\$0	\$0 10,708(D D			
		Tal									sed of, o				Owne	d			
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)	Expi	ate Exc ration ath/Da	Dat		7. Title and Amount of Securities Underlying Derivative Security (In 3 and 4)		Dei Sed (Ins	rivative decurity Sestr. 5) Be Ov Fo	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
													Amo or	ount					

Explanation of Responses:

1. On November 5, 2024, the Reporting Person was granted restricted stock units ("RSUs") which fully vest on November 5, 2025. Each RSU represents a contingent right to receive one share of the Issuer's common stock upon settlement.

(D)

Date Exercisable

Expiration Date

2. Includes 10,708 shares of the Issuer's common stock underlying RSUs, as described in footnote 1 herein.

/s/ Steven B Miller

Shares

Title

11/08/2024

** Signature of Reporting Person Date

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

- * 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).

Code

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.