FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| 20549 | OMB APF | OMB APPROVAL | | | | | | |
|---------------------|-------------------|--------------|--|--|--|--|--|--|
| ENEFICIAL OWNERSHIP | OMB Number: | 3235-0287 | | | | | | |
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hours per response:

0.5

| 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

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. Name and Address of Reporting Person* Phipps Jennifer A | | | 2. Issuer Name and Ticker or Trading Symbol BrightSpring Health Services, Inc. [BTSG] | | | | | | | | | Check | all app | o of Reportir licable) tor er (give title | ng Pers | son(s) to Is 10% Ov Other (s | vner | | |
|--|--|---------|---|---|---|---|--|--------|---|--------------------------------------|-------------------|---|--|---|---|--|---|------------|--------|
| (Last) | , | rst) (M | /liddle) | ES. INC. | | 3. Date of Earliest Transaction (Month/Day/Year) 03/14/2024 | | | | | | | | X | below | | ınting | below) | вреспу |
| 805 N. WHITTINGTON PARKWAY | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Street) | TLLE K | Y 4 | 0222 | | | | | | | | | | | X Form filed by One Reporting Per- Form filed by More than One Rep Person | | | | • | - 1 |
| (City) | (S | ate) (Z | ľip) | | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | nded to | | | | |
| | | Table | I - No | n-Deriva | tive S | Secui | rities | Acq | uired, | Dis | posed of | , or B | enefic | ially | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | y/Year) Execut | | Deemed ecution Date, ny onth/Day/Year) | | | | es Acquired (A) Of (D) (Instr. 3, | | , 4 and Se Be Ov | | 5. Amount of Securities Seneficially Owned Following | | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A) o (D) | r Price | | | saction(s) r. 3 and 4) | | | (Instr. 4) | |
| Common Stock 03/14/2 | | | 2024 | | | P | | 12,300 | 00 A \$ | | .4 ⁽¹⁾ | 165,618 | | | D | | | | |
| 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) | vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any | | | sinsaction de (Instr. 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) de V (A) (D) | | ative rities ired rosed . 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) Amoun or Numbe of Title Shares | | t r | | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y [0] | 10. Ownership Form: Direct (D) or Indirect I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

1. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$8.13 to \$8.15, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth in this footnote.

/s/ Steven S. Reed, as Attorney-in-Fact

03/15/2024

** 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).

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.