FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
hours per respons	se: 0.5									

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

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* DAmbrosio Matthew				2. Issuer Name and Ticker or Trading Symbol BrightSpring Health Services, Inc. [BTSG]									ationship all app Direc	,	ng Perso	on(s) to Is 10% Ov				
(Last)	(Fi	rst) (M	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/20/2024									Office below	er (give title		Other (s below)	pecify		
C/O BRIGHTSPRING HEALTH SERVICES, INC. 805 N. WHITTINGTON PARKWAY					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person						
(Street) LOUISVILLE KY 40222													Form filed by More than One Reporting Person							
(City)	(St	ate) (Z	Zip)		$ _{\Box}$	Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See In							suant to a	a contract, instruction or written plan that is intended to struction 10.						
		Table	I - No	n-Deriva	tive S	Secui	rities	Acc	uired	, Dis	posed of	, or B	enefic	ially	Own	ed				
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)					Executy/Year) if any		Deemed oution Date, y oth/Day/Year)		3. Transaction Code (Instr. 8) 4. Securities Disposed O 5)		s Acquired (A) o of (D) (Instr. 3, 4 a		and Secu Bend Own		cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) o (D)	r Price	e Report Transa (Instr. 3		saction(s) r. 3 and 4)			Instr. 4)	
Common	Stock			05/20/2	2024				P		1,000	A	\$11	.461 1,		1,000		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)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) o Dispo	f Experivative ecurities acquired A) or isposed f (D) nstr. 3, 4		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4		Beneficial Ownership (Instr. 4)		
					Code V		(A)	(D)	Date Exercis	sable	Expiration Date									

Explanation of Responses:

Remarks:

Mr. D'Ambrosio, an executive of Walgreens Boots Alliance, Inc. ("Walgreens") and/or one of its affiliates, is a member of the board of directors of BrightSpring Health Services, Inc. (the "Issuer"). Mr. D'Ambrosio disclaims beneficial ownership of any securities of the Issuer that may be deemed to be beneficially owned by affiliates of Walgreens.

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

05/21/2024

** 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.