FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

	Check this box if no longer subjec
	to Section 16. Form 4 or Form 5
\cup	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(b) of the Investment Company Act of 1940

					1 30	Juon C	00(11)	JI LIIC	investine	in C	Jilipally Act C	7 1340									
1. Name and Address of Reporting Person* Achar Christopher K						2. Issuer Name and Ticker or Trading Symbol Cue Health Inc. [HLTH]									onship of Reporting Person(s) to Issuer Il applicable)						
Tremar Omristopher IV					2 Da										irect				Owner		
(Last)	(Fi	rst) (I	Middle	e)	3. Date of Earliest Transaction (Month/Day/Year) 06/05/2023										Officer (give title below)		le	Othe belov	r (specify v)		
C/O CUE HEALTH INC.					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
4980 CARROLL CANYON RD. SUITE 100						.,,									ine) X Form filed by One Reporting Person						
(0)															Form filed by More than One Reporting						
	(Street) SAN DIEGO CA 92121															Person					
					Rule 10b5-1(c) Transaction Indication																
(City)	(St	ate) (2	Zip)																		
						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.													intended to		
		Table	I - N	on-Deriva	tive S	ecm	rities	×Δcα	nuired	Die	snosed of	or F	Renefic	ially C	wn	ed					
1 Title of	Coourity (Inc		1 - 140	2. Transactio	_			_	3.	, Di.							6 04	nership	7. Nature of		
1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/\)				Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, and 5)				Secu Bene Own	rities ficia ed	es Form: ally (D) or Indire		Direct ct (I)	Indirect Beneficial Ownership (Instr. 4)					
									Code	v	Amount	(A) o	Price	Repo Tran	Following Reported Transaction(s) (Instr. 3 and 4)		(1130.4)		(3 4)		
Common Stock 06/05/20					23				F		6,965(1)	D	\$0.0	5 1,5	1,524,563(2)		D				
Common Stock												1,	1,520,000				See Footnote ⁽³⁾				
		Tab	ole II	- Derivativ	ve Se	curit	ies /	Acqı	ıired, [Disp	osed of,	or Be	eneficia	ally Ov	ne	d		,	*_		
				(e.g., pu	ts, ca	lls, v	varra	ants,	optio	ns,	convertib	le se	curitie	s) ¯							
1. Title of Derivative Security (Instr. 3)					4. Transaction Code (Instr. 8)		Secu Acqu (A) o Disp of (D	vative urities uired or osed o) cr. 3, 4	6. Date Expirat (Month)	ion D	Year) Securities Underlying Derivative Security (Instr. 3 an		int of ities dying ative ity 3 and 4)					10. Ownersh Form: Direct (D or Indirec (I) (Instr.	Beneficial Ownership ct (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares								

Explanation of Responses:

- 1. The reported shares were withheld to satisfy the reporting person's tax liability in connection with the vesting of restricted stock units ("RSUs").
- 2. Includes 1,216,972 unvested RSUs.
- 3. The securities are directly held by Hlth Wrk LLC. The reporting person is the sole manager of Hlth Wrk LLC and may be deemed to have voting and investment power with respect to the shares held by Hlth Wrk LLC and as a result may be deemed to have beneficial ownership of such shares.

Remarks:

/s/ Erica Palsis, Attorney-in-Fact for Chris Achar

06/07/2023

** Signature of Reporting Person

Date

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

- * 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.