FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

			or	Section 30(h	i) of the Inv	vestment Company Act of 1940					
1. Name and Address Javed Aasim	ss of Reporting Perso	2. Date of Event Requir Statement (Month/Day/ 03/16/2023		3. Issuer Name and Ticker or Trading Symbol <u>Cue Health Inc.</u> [HLTH]							
(Last) C/O CUE HEAL 4980 CARROLL (Street) SAN DIEGO		(Middle) 92121 (Zip)			4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title below) Other (specify below) Chief Financial Officer			 5. 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 Form filed by More than One Reporting Person 			
			Table I -	Non-Deriv	vative S	ecurities Beneficially Ow	ned				
1. Title of Security (Instr. 4)					2. Amount Owned (In	of Securities Beneficially str. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock						519,650(1)	D				
						curities Beneficially Owne options, convertible secu					
1. Title of Derivative Security (Instr. 4)			Expiration D	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underly Security (Instr. 4)		4. Convers or Exerc	cise	5. Ownership Form: Direct (D) or Indirect (I)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
			Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Price of Derivati Security	ve	(Instr. 5)	

Explanation of Responses:

1. Includes 454.586 unvested Restricted Stock Units

Remarks:

Exhibit 24 - Power of Attorney

/s/ Erica Palsis, Attorney-in-Fact for Aasim Javed ** Signature of Reporting Person

03/27/2023

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 5 (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.

LIMITED POWER OF ATTORNEY FOR SECTION 16 REPORTING OBLIGATIONS Know all by these presents, that the undersigned hereby makes, constitutes and appoints Erica Palsis signing singly acting individually, as the (1) execute for and on behalf of the undersigned, in the undersigned's capacity as an officer, director and/or stockholder of Cue Health Inc. (the "Company"), Forms 3, 4, and 5 (including any amendments thereto) in accordance with Section 16(a) of the Securities Exchange Act of 1934, as amended, and the rules thereunder (the "Exchange Act");

(2) do and perform any and all acts for and on behalf of the undersigned which may be necessary or desirable to prepare, complete and execute a (3)

seek or obtain, as the undersigned's representative and on the undersigned's behalf, information regarding transactions in the Company's secur:

is any other action of any type whatsoever in connection with the foregoing which, in the opinion of such attorney-in-fact, may be of benefit

The undersigned hereby grants to each such attorney-in-fact full power and authority to do and perform any and every act and thing whatsoever : This Power of Attorney shall remain in full force and effect until the undersigned is no longer required to file Forms 3, 4, and 5 with respect IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of 03/24/2023.

/s/ Aasim Javed Signature

Aasim Javed Print Name

(4)