Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

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

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* Khattak Ayub K					2. Issuer Name and Ticker or Trading Symbol Cue Health Inc. [HLTH]							(Ched	k all app	•					
Triuttuk Flydb IX											X	Direc	tor		10% Ov	vner			
(Last)	(Fir	st) (N	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 09/25/2023							X	Office belov	,		Other (s below)	specify		
C/O CUE HEALTH INC.				05/2	0,202										President	t and	CEO		
4980 CARROLL CANYON RD. SUITE 100				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Ind Line)	6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)														X	Form	filed by On	e Repo	orting Perso	on
SAN DII	EGO CA	A 9	2121												Form filed by More than One Reporting Person				orting
(City)	(Sta	ate) (ž	Zip)		Rul	e 10)b5-	1(c)	Tran	sac	tion Indi	icati	on						
	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is in satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.								n that is inter	nded to									
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day			Execution Date,		Oate,			es Acquired (A) or of (D) (Instr. 3, 4 a			Securit Benefic Owned	ities Fo icially (D) d Following (I)		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) (D)	or Pi	rice	Transa	ransaction(s) nstr. 3 and 4)			(Instr. 4)
Common Stock 09			09/25/2	2023				F	F 31,938 ⁽¹⁾ D S) \$	60.45	0.45 11,897,285 ⁽²⁾			D			
		Tal	ole II -								osed of,				Owne	d			
				(e.g., pu	its, ca	alis, v	warra	ants,	optio	ns, c	convertib	ie se	curiti	es)					
1. Title of Derivative Security (Instr. 3)	ivative Conversion Date Execution Date, Urity or Exercise (Month/Day/Year) if any Co		Transa Code (5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y i	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	Code V (A) (D)		Date Expiration Exercisable Date		Title	Amou or Numb of Share	er							

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 750,172 unvested RSUs.

Remarks:

/s/ Erica Palsis, Attorney-in-Fact for Ayub Khattak

09/27/2023

** 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.