FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Numl

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

OMB APPROVAL								
OMB Number: 3235-0287								
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Name and Address of Reporting Person* Sever Clint					2. Issuer Name and Ticker or Trading Symbol Cue Health Inc. [HLTH]													Owner		
(Last)	(Fii E HEALTH	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 03/05/2024									X	Officer (give title below) Chief Pro		duct	Other (s below) Officer	specify	
4980 CARROLL CANYON RD. SUITE 100					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) SAN DIEGO CA 92121													X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(St	ate) (Z	Zip)		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 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Date)				Execution (Execution (ution Date,				es Acquired (A) Of (D) (Instr. 3,		, 4 and Secu Bene Own		cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) (D)	or Pric	e	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock 03/05/					2024			F		12,604 D		\$().25	25 4,400,370 ⁽¹⁾			D			
		Tal									osed of, onvertib			-	Owne	d				
1. Title of Derivative Security (Instr. 3)	ivative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any		4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) of Dispo of (D) (Instr	Derivative (Month/Da Securities Acquired A) or Disposed		ion Da	te	7. Title Amou Secur Under Deriva Secur 3 and	nt of ities lying ative ity (Instr	Der Sed (Ins	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Own Forn Direc or In (I) (Ir	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amoun or Number of Shares							

Explanation of Responses:

1. Includes 1,132,676 unvested RSUs.

Remarks:

/s/ Joshua Bergmann,

Attorney-in-Fact for Clint 03/07/2024

Sever

** 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.