FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	

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

Name and Address of Reporting Person* REDDY RISHI					2. Issuer Name and Ticker or Trading Symbol Cue Health Inc. [HLTH]								ck all app	,	ng Pers	son(s) to Is			
(Last)	(Fi	est) (M	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 02/16/2024							Office below	er (give title		Other (s below)	specify			
C/O TARSADIA INVESTMENTS, LLC 520 NEWPORT CENTER DR., 21ST FLOOR												Line)	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person						
(Street) NEWPO	RT CA	. 9	2660											Form filed by More than One Reporting Person					
BEACH					l_	Rule 10b5-1(c) Transaction Indication								to a con	tract, instru	uction or writt	ten plan	that is inter	nded to
(City)	Satisfy the animinative deterise conditions of Nate 1003-1(c). See instruction 10.																		
		Table	I - Nor	n-Deriva	tive S	Secu	rities	S Acq	uired,	Dis	posed of	, or E	Bene	ficial	ly Own	ed 			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Execution		Date,			es Acquired (A) Of (D) (Instr. 3, 4				ies cially Following	Form: (D) or	Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code V		Amount	(A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 02/16/2			02/16/2	2024	024 A 63,3					63,300(1)) /	4	\$ <mark>0</mark>	72	2,573		D		
		Tal	ole II -	Derivati (e.g., pu	ve Se its, ca	ecurit alls, v	ties <i>i</i> varra	Acqui ants,	ired, [optio	Dispo ns, c	osed of, o	or Be le se	nefi curit	cially ties)	Owne	t			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	med on Date, Day/Year)	4. 5. Number of Code (Instr. Derivative		vative urities uired or osed)) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		D S (I	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y [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	Amo or Num of Shar	ber					

Explanation of Responses:

1. The reported shares are represented by restricted stock units, or RSUs, all of which vest on June 5, 2024.

Remarks:

/s/ Joshua Bergmann, Attorney-in-Fact for Rishi

02/27/2024

Reddy

** 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.