

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

OMB APPROVAL	
OMB Number:	3235-0104
Estimated average burden hours per response:	0.5

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* <u>Decheng Capital China Life Sciences USD Fund III, L.P.</u> <hr/> (Last) (First) (Middle) UGLAND HOUSE, PO BOX 309 <hr/> (Street) GRAND CAYMAN E9 KY1-1104 <hr/> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 09/23/2021	3. Issuer Name and Ticker or Trading Symbol <u>Cue Health Inc. [ HLTH ]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date				
Series C-1 Preferred Stock	(1)	(1)	Common Stock	8,192,468	(1)	D <sup>(2)</sup>

1. Name and Address of Reporting Person* <u>Decheng Capital China Life Sciences USD Fund III, L.P.</u> <hr/> (Last) (First) (Middle) UGLAND HOUSE, PO BOX 309 <hr/> (Street) GRAND CAYMAN E9 KY1-1104 <hr/> (City) (State) (Zip)		
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1. Name and Address of Reporting Person* <u>Decheng Capital Management III (Cayman), LLC</u> <hr/> (Last) (First) (Middle) UGLAND HOUSE, PO BOX 309 <hr/> (Street) GRAND CAYMAN E9 KY1-1104 <hr/> (City) (State) (Zip)		
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1. Name and Address of Reporting Person\*

Cui Xiangmin

(Last) (First) (Middle)

UGLAND HOUSE, PO BOX 309

(Street)

GRAND CAYMAN E9 KY1-1104

(City) (State) (Zip)

**Explanation of Responses:**

1. The shares are held directly by Decheng Capital China Life Sciences USD Fund III, L.P. (the "Fund"). Decheng Capital Management III (Cayman), LLC (the "GP") is the general partner of the Fund. Xiangmin Cui is the manager of the GP. Each of the Fund, the GP and Dr. Cui may be deemed to beneficially own the securities held by the Fund. Each of the Fund, the GP and Dr. Cui disclaim beneficial ownership of these securities, except to the extent of their respective pecuniary interests therein.

2. The Series C-1 Preferred Stock automatically converts into the number of shares of Common Stock as shown in Column 3 without payment of further consideration at the holder's election or upon closing of the initial public offering of the Issuer's common stock. The shares have no expiration date.

DECHENG CAPITAL  
CHINA LIFE SCIENCES  
USD FUND III, L.P. By:  
DECHENG CAPITAL 09/23/2021  
MANAGEMENT III  
(CAYMAN), LLC,  
General Partner, By: /s/  
Xiangmin Cui, Manager  
DECHENG CAPITAL  
MANAGEMENT III 09/23/2021  
(CAYMAN), LLC By: /s/  
Xiangmin Cui, Manager  
By: /s/ Xiangmin Cui 09/23/2021

\*\* 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 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.**