

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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:	3235-0104
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1. Name and Address of Reporting Person* <u>Ghaim Joshua</u>			2. Date of Event Requiring Statement (Month/Day/Year) <u>07/21/2022</u>		3. Issuer Name and Ticker or Trading Symbol <u>Cue Health Inc. [ HLTH ]</u>		
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director Officer (give title below)			5. If Amendment, Date of Original Filed (Month/Day/Year)	
C/O CUE HEALTH INC. 4980 CARROLL CANYON RD. SUITE 100			10% Owner			6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person Form filed by More than One Reporting Person	
(Street)	(City)	(State)	(Zip)				
SAN DIEGO CA 92121							

**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	Title	Amount or Number of Shares			

Explanation of Responses:

**Remarks:**

Exhibit 24 - Power of Attorney

No securities are beneficially owned.

/s/ Erica Palsis, Attorney-in-Fact for Joshua Ghaim

08/04/2022

\*\* 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.

LIMITED POWER OF ATTORNEY FOR SECTION 16 REPORTING OBLIGATIONS

Know all by these presents, that the undersigned hereby makes, constitutes and appoints each of Erica Palsis and John Edward Gallagher, signing  
(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.  
(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  
(3) seek or obtain, as the undersigned's representative and on the undersigned's behalf, information regarding transactions in the Company'  
(4) take any other action of any type whatsoever in connection with the foregoing which, in the opinion of such attorney in fact, may be of  
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 7/21/2022.

/s/ Joshua Ghaim  
Signature

Joshua Ghaim  
Print Name