FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	DC	20549
vvasilington,	D.O.	20070

## **OMB APPROVAL** 3235-0287 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP 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*  Policia Exica						2. Issuer Name and Ticker or Trading Symbol Cue Health Inc. [ HLTH ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Palsis Erica						Cuo fronti file.								1	Direc	tor		10% Ov	vner		
(I ant)	Date of Earliest Transaction (Month/Day/Year)									- 2	Office below	r (give title		Other (s	specify						
(Last)	09/06/2022								1		General	Cou	nsel								
C/O CUE HEALTH INC.						00/10	07/00/2022								1						
4980 CARROLL CANYON RD																					
						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable							
(Street)															Line	)					
SAN DII	EGO	CA	O'	2121												Form	filed by On	e Repo	orting Perso	on	
,———				2121												Form filed by More than One Reporting Person					
(City)		(State	) (Z	ip)																	
			Table	I - Noi	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Bene	ficial	ly Own	ed				
1. Title of	Security (I	nstr.	3)		2. Transac					3. 4. Securities Acquired (A					5. Amo				7. Nature		
Date (Month/Day					y/Year) Execution Date, if any (Month/Day/Year)			, ·		Code (Instr. 5)		Of (D) (Instr. 3,		3, 4 and	Benefic	cially (D)		) or Indirect	of Indirect Beneficial		
								8)				Owned Following Reported				Ownership (Instr. 4)					
							Code	v	Amount	(A) (D)	or	Price	Transa	Transaction(s) (Instr. 3 and 4)			` '				
Common Stock 09/06/2							2022			F		5,948(1)	Ι	)	\$3.29	664	,680(2)		D		
			Toh	الماد	Dorivoti	Sa		tion /	١٠٥٠٠	rad F	lion	ood of	or Do	, nofi	دالمانه	, Owner	J		<u>'</u>		
			Idi									osed of, o onvertib				Owned	ı				
1. Title of Derivative	2. Conversion		. Transaction ate	3A. Dee	med on Date,	4. Transa	ction	5. Number		6. Date Exercisable Expiration Date			ole and 7. Title and			. Price of Derivative	9. Number derivative		10. Ownership	11. Nature	
Security	or Exercis		Month/Day/Year)	if any		Code (		str. Derivative		(Month/Day/Year)			Securities		8	Security	Securities	- 11	Form:	Beneficial	
(Instr. 3) Price of (Month/Day/				Day/Year)	8)	8)		Securities Acquired		Underly Derivati				(1	Instr. 5)	str. 5) Beneficial Owned		Direct (D) or Indirect	Ownership (Instr. 4)		
	Security						(A) or						Secui	rity (In	str.	Following			(I) (Instr. 4)	(	
							Disposed 3 and 4) of (D)							14)			Reported Transaction	n(s)			
						(Instr. 3,									(Instr. 4)						
						and 5)															
											Amo		Amo	unt							
													Num	ber							
						Code	Code V (A) (D)			Date Exercis	<sub>able</sub>	Expiration of Date Title Share		es			- 1				

## **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.
- 2. Includes 1,132 shares acquired under the Issuer's employee stock purchase plan on June 30, 2022 and 562,620 unvested RSUs.

## Remarks:

/s/ Erica Palsis

09/08/2022

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.