FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 | |
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 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

| Name and Address of Reporting Person* Bradford K Joanne | | | | | 2. Issuer Name and Ticker or Trading Symbol Cue Health Inc. [HLTH] | | | | | | | | | | ck all app | licable) tor | ing Person(s) to I | |)wner |
|---|---|--|---|----------|---|---|--|--------|--|------|--|-----------------------|------|--|--|----------------------|--|--|------------|
| | (Fii E HEALTH | INC. | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/24/2021 | | | | | | | | | Office belov | er (give title /) | | Other (below) | 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 DI | EGO CA | Λ 9 | 2121 | | | | | | | | | | 1 ' | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (St | ate) (Z | Zip) | | | | | | | | | | | | | | | | |
| | | Table | I - Noı | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | 3ene | ficial | ly Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | Exec ay/Year) if an | | a. Deemed ecution Date, any onth/Day/Year) | | Transaction D | | 4. Securities Acquired (ADisposed Of (D) (Instr. 3, 5) | | | , 4 and Secui Bene | | cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or | Price | Transaction(s) (Instr. 3 and 4) | | | | (113411 4) |
| Common Stock ⁽¹⁾ 09/24/ | | | | 2021 | | A | | 18,750 | A | | \$ <mark>0</mark> | 18,750(2) | | | D | | | | |
| | | Tal | | | | | | | | | osed of, convertib | | | | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Expirati (Month/ | ear) | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | str. | . Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Seneficially Owned Following Reported Transaction (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | | | | | | | Shar | es | | | | | | |

Explanation of Responses:

1. Grant of restricted stock units ("RSUs") under the Issuer's 2021 Stock Incentive Plan. Each RSU represents a contingent right to receive one share of the Issuer's common stock. The vesting commencement date is September 23, 2021 (the "VCD"). Subject to the reporting person's continued service as a director with the Issuer, the RSUs will vest as to 34% of the initial grant on the first anniversary of the VCD and as to an additional 33% at the end of each successive 12-month period following the first anniversary of the VCD, until the third anniversary of the VCD.

2. Includes 18,750 unvested RSUs.

/s/ Erica Palsis, Attorney-in-Fact for Joanne Bradford

09/28/2021

** Signature of Reporting Person

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.