FORM 4

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

| vvasilington, | D.C. 20048 |  |
|---------------|------------|--|
|               |            |  |

**OMB APPROVAL** STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB Number:           | 3235-0287 |
|-----------------------|-----------|
| Estimated average but | urden     |
| 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*     Khattak Ayub K     |   |  |          |                                   | 2. Issuer Name and Ticker or Trading Symbol Cue Health Inc. [ HLTH ]   |   |        |     |  |  |                    |   |   | 5. Relationship of Reporting Person(s) to Iss<br>(Check all applicable)<br>X Director 10% Ow |                    |  |  |                       |                                       |
|--|---|--|----------|-----------------------------------|--|---|--------|-----|--|--|--------------------|---|---|--|--------------------|--|--|-----------------------|---------------------------------------|
| (Last)   | (Fi<br>E HEALTH   | ,  | Middle)  |                                   |  | 3. Date of Earliest Transaction (Month/Day/Year) 03/05/2024 |        |     |  |  |                    |   |   | X  | Office             | eer (give title<br>w)<br>President and   |  | Other (specify below) |                                       |
| 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 DIEGO CA 92121                                  |   |  |          |                                   |  |   |        |     |  |  |                    | X Form filed by One Reporting Person<br>Form filed by More than One Reporting<br>Person |   |  |                    | - 1  |  |                       |                                       |
| (City)   | (Si   | rate) (Z                                   | Zip)     |                                   | Rul  | Rule 10b5-1(c) Transaction Indication                       |        |     |  |  |                    |   |   |  |                    |  |  |                       |                                       |
|  |   |  |          |                                   | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. |   |        |     |  |  |                    |   |   |  | nded to            |  |  |                       |                                       |
|  |   | Table                                      | I - No   | n-Deriva                          | tive S   | Secui   | rities | Acq | uired,   | Dis                                    | posed of           | , or Be   | nefici  | ally (   | Owne               | ed   |  |                       |                                       |
| 1. Title of Security (Instr. 3)  2. Transact Date (Month/Day |   |  |          | Execution Date,                   |  | cution Date,<br>y   |        |     |  | es Acquired (A)<br>Of (D) (Instr. 3, 4 |                    | 4 and Securi<br>Benefi<br>Owned   |   | es<br>ally<br>Following  | Form<br>(D) o      | n: Direct<br>r Indirect<br>istr. 4)  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership  |                       |                                       |
|  |   |  |          |                                   |  |   | Code   | v   | Amount   | (A) or<br>(D)                          | Price              |   |   | ed<br>ction(s)<br>3 and 4)   |                    |  | (Instr. 4)   |                       |                                       |
| Common Stock 03/05/2   |   |  |          | 2024                              |  |   | F      |     | 10,742   | D                                      | \$0.2              | ).25   12,54  |   | 0,883(1)   |                    | D  |  |                       |                                       |
|  |   | Tal  | ble II - |                                   |  |   |        |     |  |  | osed of, convertib |   |   |  | wned               | l  |  |                       |                                       |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)          | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | if any   | emed<br>tion Date,<br>I/Day/Year) | 4.<br>Transa<br>Code (<br>8)   |   |        |     | 6. Date Exercisable<br>Expiration Date<br>(Month/Day/Year) |  | ate                | 7. Title and Amount Securiti Underly Derivati Security 3 and 4                          | t of<br>es<br>es<br>ring<br>ive<br>y (Instr.                |  | rivative<br>curity | 9. Number<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | Owners<br>Form:<br>Direct (<br>or Indir<br>(I) (Inst | Ownership             | Beneficial<br>Ownership<br>(Instr. 4) |
|  |   |  |          |                                   | Code V   |   | (A)    | (D) | Date<br>Exercisable  |  | Expiration<br>Date | C   | Amount<br>or<br>Number<br>of<br>Shares                      | er   |                    |  |  |                       |                                       |

## **Explanation of Responses:**

1. Includes 1,336,743 unvested RSUs.

## Remarks:

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

03/07/2024

**Khattak** 

\*\* 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.