FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.	.C. 20549
----------------	-----------

Check this box if no longer subject	STAT
to Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(b).	

TATEMENT 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

1. 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 Issuer (Check all applicable)					
IXIIattai	<u>x 71y uo 1x</u>														X Direc			10% Ov	· I	
(Last)	(Fir	rst) (N	Middle)		3. Date of Earliest Transaction (Month/Day/Year)									X Office below	er (give title v)		Other (s below)	pecify		
C/O CUE HEALTH INC.					03/2	03/24/2023 President and CEO														
4980 CARROLL CANYON RD. SUITE 100				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)															X Form	filed by On	e Repo	orting Perso	on	
SAN DII	EGO CA	A 9	2121													Form filed by More than Person			orting	
(City)	(St	ate) (Ž	Zip)		Rul	e 10)b5-	1(c)	Tran	sac	tion Indi	icati	on							
Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									that is inter	ided to										
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired	, Dis	posed of	, or l	Bene	eficia	ally Own	ed				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Date					Exec if any	Deemed cution Date, ny nth/Day/Year)		3. Transaction Code (Instr. 8) 4. Securities Acqu Disposed Of (D) (I 5)					Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount	(A) or (D)		Price	Report Transa (Instr.	ed ction(s) 3 and 4)			(Instr. 4)			
Common	Common Stock 03/			03/24/2	2023			F		21,028(1)]	D	\$1.	3 11,9	,968,448(2)		D			
		Tal	ole II -								osed of,					d				
				(e.g., pu	ıts, ca	alis, v	warra	ants,	optio	ns, c	convertib	le se	curi	ties)						
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		.	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y C	10. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
					Code V		(A)	(D)	Date Exercisable		Expiration Date	Amou or Numb of Title Share		nber						

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 924,608 unvested RSUs.

Remarks:

/s/ Erica Palsis, Attorney-in-Fact for Ayub Khattak

03/2<u>7/2023</u>

** 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 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.