FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, I	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

OMB APPROVAL							
OMB Number: 3235-0287							
Estimated average burden							
hours per response:	0.5						

Instruc	tion 1(b).	nuc. See		Filed							ies Exchang mpany Act o		f 1934			nours	per re	esponse:	0.5
Name and Address of Reporting Person* Palsis Erica			2. Issuer Name and Ticker or Trading Symbol Cue Health Inc. [HLTH]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (spec					wner		
	(Fii E HEALTH RROLL CA	,	Middle)			te of E		Trans	action (N	Month	/Day/Year)			X	belov			below)	opeony
(Street) SAN DII (City)			2121 Zip)										6. Indi Line) X	′					
		Table	I - Nor	า-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or B	enefi	cially	/ Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Date)				Executy/Year) if any		Deemed cution Date, ny nth/Day/Year)				es Acquired (A Of (D) (Instr. 3,			Securi Benefi Owned	5. Amount of Securities Beneficially Owned Following Reported		wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
										v	Amount	(A) (D)	or Pri	се	Transa	Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Common Stock				02/01/2	2/01/2022				F		38,912(1)		\$	3.78 46		60,632		D	
		Tal									osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution Date, if any			Code (8)	Transaction of Code (Instr. Derivative			6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date			Amount of De Securities Se		Dei See (Ins	Price of crivative scurity set. 5) Beneficial Owned Following Reported Transactic (Instr. 4)		у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

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.

Remarks:

/s/ Erica Palsis

02/03/2022

** 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 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.