FORM 4

Check this box if no longer subject

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, I	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

Name and Address of Reporting Person* Achar Christopher K						2. Issuer Name and Ticker or Trading Symbol Cue Health Inc. [HLTH]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
	E HEALTH	I INC.	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/30/2022								Officer (give title Other (spec below) below)					
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) SAN DIEGO CA 92121													X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(Si	tate) (Z	Zip)																
		Table	I - N	on-Deriva	tive S	Secui	rities	Acc	quire	d, Dis	sposed of	, or B	enefic	ially Own	ed				
1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/N					Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. 5)				ed (A) or str. 3, 4 and	Benefici	es Form ially (D) of Following (I) (II		Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) o (D)	Price	Transaci (Instr. 3	ion(s)			(IIISU. 4)	
Common Stock 03/30/202)22	22			A		139,635(1)	A	\$0	1,597,591(2)		D			
Common Stock														1,52	0,000			See Footnote ⁽³⁾	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution Date, irity or Exercise (Month/Day/Year) if any				Transaction Code (Instr.		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)			e and nt of ities lying ative ity (Instr. 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares						

Explanation of Responses:

- 1. Represents restricted stock units ("RSUs"). Each RSU represents a contingent right to receive one share of the Issuer's common stock. Subject to the reporting person's continued service with the Issuer. One-sixteenth (1/16th) of the shares vest on the first Quarterly Vesting Date that is on or after March 5, 2022 and as to one-sixteenth (1/16th) of the RSUs on each Quarterly Vesting Date thereafter, subject to the reporting person providing continuous service through such date. "Quarterly Vesting Date" is the first trading day on or after each of March 5, June 5, September 5 and December 5.
- 2. Includes 1.527.881 unvested RSUs.
- 3. The securities are directly held by Hlth Wrk LLC. Chris Achar is the sole manager of Hlth Wrk LLC and may be deemed to have voting and investment power with respect to the shares held by Hlth Wrk LLC and as a result may be deemed to have beneficial ownership of such shares.

Remarks:

/s/ Erica Palsis, Attorney-in-Fact for Chris Achar

** Signature of Reporting Person Date

04/01/2022

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.