FORM 4

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

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

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

1. Name and Address of Reporting Person*  Gallagher John E					2. Issuer Name and Ticker or Trading Symbol Cue Health Inc. [ HLTH ]									(Chec	k all app Direc	,	ng Pe	rson(s) to Is  10% O  Other (	wner
(Last) (First) (Middle) C/O CUE HEALTH INC. 4980 CARROLL CANYON RD. SUITE 100					3. Date of Earliest Transaction (Month/Day/Year) 03/06/2023								X	below)  Chief Financ			below)		
(Street)			2121		4. If A	Amend	ment,	Date o	f Origina	al Filed	d (Month/Da	ay/Year	)	6. Indi Line)		Joint/Grou	•	•	``
(City)			Zip)												Form filed by More than One Reporting Person				
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Benef	icially	y Own	ed			
Date			2. Transac Date (Month/Da	Execute ay/Year) if any		a. Deemed recution Date, any lonth/Day/Year)		3. Transaction Code (Instr. 8) 4. Securiti Disposed 5)				4 and Securi Benefi Owned		ties cially Following	Forn (D) o	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)		rice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 03/0			03/06/2	2023			F		6,117(1)	<b>7</b> <sup>(1)</sup> <b>D S</b>		\$2.11	627,668 <sup>(2)</sup>			D			
		Tal							,		osed of, convertib			•	Owne	d			
1. Title of Derivative Security (Instr. 3)	ivative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		of	r osed (1. 3, 4	Expiration Da (Month/Day/Y		te Amo ear) Secu Undo Deriv			De Se (In	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amou or Numb of Share	er					

## **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 ("RSUs").
- 2. Includes 417,480 unvested RSUs.

## Remarks:

/s/ Erica Palsis, Attorney-in-Fact for John Gallagher

03/06/2023

\*\* 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.