FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

| OMB APPROVAL | | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average burden | | | | | | | | | | |
| 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

| 1. Name and Address of Reporting Person* Palsis Erica | | | | | 2. Issuer Name and Ticker or Trading Symbol Cue Health Inc. [HLTH] | | | | | | | | ck all app Direc | ationship of Reporting all applicable) Director Officer (give title | | son(s) to Is 10% O Other (| ner | | |
|--|---|-------|------------------------------|---|---|----------------------------------|--|--------------------------------|--|---|----------|---|---|--|--|--|-------------|--|--|
| (Last) (First) (Middle) C/O CUE HEALTH INC. 4980 CARROLL CANYON RD | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/01/2023 | | | | | | | | | belov | below) | | | | | |
| (Street) SAN DII (City) | | | 2121 Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Inc Line) | fividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secui | rities | Acq | uired | , Dis | posed of | , or E | 3ene | ficial | y Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | , 4 and Secu Bene | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | | | |
| | | | | | | | | Code | v | Amount (A) or (D) | | Price | Transaction(s) (Instr. 3 and 4) | | | | (111341. 4) | | |
| Common Stock 02/01/2 | | | | PO23 F 39,070 ⁽¹⁾ D | | | \$2.62 | 52.62 623,733 ⁽²⁾ D | | | | | | | | | | | |
| 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) | Derivative Conversion Date Execution Date, Gecurity or Exercise (Month/Day/Year) if any | | 4. Transa Code (8) | | 5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instrand 5 | rities ired osed . 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | 7. Title and Amount of Securities Underlying Derivative Security (Ins: 3 and 4) Amou or Numb of Title Share | | str. | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | y C | 0. 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.
- 2. Includes 1,132 shares and 4,071 shares acquired under the Issuer's employee stock purchase plan on June 30, 2022 and December 31, 2022, respectively, and 424,309 unvested RSUs.

Remarks:

/s/ Erica Palsis

02/03/2023

** 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.