FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT 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).

msduc	uon 1(b).							30(h) of the)* +						
							Issuer Name and Ticker or Trading Symbol ue Health Inc. [HLTH]								Relationship of Reporting Person(s) to Issuer (Check all applicable) Director					
					3. Date of Earliest Transaction (Month/Day/Year) 09/28/2021										Officer (give title Other (specify below)					
(Street) LOS ALTOS CA 94022				4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person							
(City)	?)	State)	(Zip)												Λ	r om me	ou by Wor	c triair	опс перы	ung i cison
		7	able I - Noi	n-Deriv	ativ	ve S	ecu	ırities Ac	quired,	Dis	posed o	of, or	Ben	eficia	ally (Owned				
				action Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year		Code (Instr.					nd 5)	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	٧	Amount	(D)		Pric		Transaction(s) (Instr. 3 and 4)					
Common	Stock			09/28					С		3,485,		A		(1)	3,485	,535		D ⁽²⁾	
			Table II -					ities Acq warrants								wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Ye	Code (Ir		action (Instr.		umber of ivative urities uired (A) bisposed of (Instr. 3, 4	6. Date Exercisa Expiration Date (Month/Day/Year		•	Secu Deriv		tle and Amount of urities Underlying vative Security r. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Benefici Owned Followin Reporte	re es ally eg	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership ct (Instr. 4)
				Cod	e v	,	(A)	(D)	Date Exercisal		Expiration Date	Title		Amount lumber Shares			Transaci (Instr. 4)	ction(s)		
Series B Preferred Stock	(1)	09/28/2021		С				3,485,535	(1)		(1)	Comr		3,485,	535	(1)	0		D ⁽²⁾	
	nd Address of	Reporting Person*														•				•
(Last)	IN STREET	(First)	(Middle	e)																
(Street) LOS ALTOS CA		CA	94022																	
(City)		(State)	(Zip)																	
	nd Address of	Reporting Person'	,																	
(Last) 171 MA	IN STREET	(First) Γ, #671	(Middle	2)																
(Street) LOS ALTOS CA			94022																	
(City)		(State)	(Zip)																	
	nd Address of William J	Reporting Person [*]																		
(Last) (First) 171 MAIN STREET, #671			(Middle	e)																
(Street)	TOS	CA	94022	<u> </u>																

Explanation of Responses:

(State)

(Zip)

(City)

1. On September 28, 2021, the Series B Preferred Stock automatically converted into Common Stock on a one-to-one basis without payment of further consideration upon the closing of the initial public offering of the Issuer's common stock. The shares had no expiration date.

^{2.} The reported securities are held of record by Section 32 Fund 2, LP ("Fund 2"). Section 32 GP 2, LLC (the "GP"), the general partner of Fund 2, and William J. Maris, the managing member of the GP, may be

deemed to share voting and dispositive power over the shares held by Fund 2. Such person and entity disclaim beneficial ownership of shares held by Fund 2 except to the extent of any pecuniary interest therein.

/s/ Nina Labatt, officer of

Section 32 GP 2, L.L.C. on 09/30/2021

behalf of Section 32 Fund 2, L.P.

/s/ Nina Labatt, officer of Section 32 GP 2, L.L.C

09/30/2021 09/30/2021

<u>/s/ William J. Maris</u>

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

^{*} 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).