FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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OMB APPROVAL								
OMB Number:	3235-0287							
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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

Name and Address of Reporting Person* Felter John-Paul W.					2. Issuer Name and Ticker or Trading Symbol HUMANA INC [HUM]								Relationship of Reporting Person(s) to Issuer (Check all applicable) Director				vner		
(Last) 500 W. M	(Fi MAIN ST.	rst) ((Middle)			3. Date of Earliest Transaction (Month/Day/Year) 08/01/2023								X Officer (give title Other (specify below) below) SVP, Chief Accting Off & Cont.					
	4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)									
(Street) LOUISVILLE KY 40202						X Form filed by One Reporting Person Form filed by More than One Reporting Person													
(City)	(Si	tate) (Zip)		Ru	Rule 10b5-1(c) Transaction Indication													
Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.											ded to								
		Table	e I - N	on-Deriv	ative	Sec	uriti	es Ac	quired	, Di	sposed	of, or Be	eneficia	lly Owne	ed				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/N				Execution Date, Year) if any			3. 4. Securities Acquired Disposed Of (D) (Instr. 8)				Benefic Owned	ies For cially (D) Following (I) (n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) or (D)	Price		ed ction(s) 3 and 4)	ion(s)		(Instr. 4)	
Humana Common 08/01/20					023)23		M		210	A	\$0	210			D			
Humana Common 08/01/20					023)23		F		65 ⁽⁴⁾	D	\$458.1	135 145			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)	vative Conversion Date Execution Date, Truity or Exercise (Month/Day/Year) if any C				ransaction Number ode (Instr. of			Expiration Date (Month/Day/Year) S			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Shares						
Restricted Stock Units ⁽¹⁾	(1)	08/01/2023			M			210	(2)		(2)	Humana Common	210	\$0	421		D		
Restricted Stock	(1)								(3)		(3)	Humana Common	343		343		D		

Explanation of Responses:

- 1. Right to receive one share per restricted stock unit pursuant to the Company's 2019 Amended & Restated Stock Incentive Plan. Each restricted stock unit represents a contingent right to receive one share of Humana Inc. common stock, exempt under Rule 16b-3(d)(1) & (3).
- $2. \ Restricted \ stock \ units \ granted \ to \ reporting \ person \ on \ 8/1/2022, 33\% \ of \ the \ award \ is \ vesting \ on \ 8/1/23, \ 8/1/24, \ and \ 8/1/25.$
- $3. \ Restricted \ stock \ units \ granted \ to \ reporting \ person \ on \ 2/24/2023, \ 33\% \ of \ the \ award \ is \ vesting \ on \ 12/15/23, \ 12/15/24, \ and \ 12/15/25.$
- 4. Shares disposed of represent payment of tax liability resulting from vesting of restricted shares on 8/1/23.

08/03/2023 John-Paul W. Felter

** 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.