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).

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* <u>Koeberlein Michael A.</u>						2. Issuer Name and Ticker or Trading Symbol HUMANA INC [HUM]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
	st) (First) (Middle) UMANA INC.) W. MAIN ST.						3. Date of Earliest Transaction (Month/Day/Year) 08/01/2022										X Officer (give title Other (specify below) SVP, Chief Accting Off & Cont.				
(Street) LOUISV (City)	Street) LOUISVILLE KY 40202					4. If Amendment, Date of Original Filed (Month/Day/Year)										S. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tab	le I - Nor	n-Deriv	ative	Sec	curitie	es A	cqu	ired,	Dist	osed o	of, o	r Ben	eficia	ılly Owr	ed				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					action	ction 2A. Deemed Execution Date			Code (Instr.		4. Securities Acquired (A)			i (A) or	5. Am Secu	ount of ities icially d Followin	Fori	m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
										Code	v	Amount	(A) or (D) Pr		Price	Trans	action(s) 3 and 4)			(Instr. 4)	
Humana Common																2,065		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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transactior Code (Instr 8)				6. Date Exerci Expiration Dat (Month/Day/Ye		Date		7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)			8. Price Derivativ Security (Instr. 5)	deriva Securi Benefi Owned Follow Report	tive ities icially d ving ted action(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Dat Exe	te ercisable		opiration	Title	1	Amount or Number of Shares						
Restricted Stock Units ⁽¹⁾	(1)									(2)		(2)	Hun Com		100		1	100	D		
Restricted Stock Units ⁽¹⁾	(1)									(3)		(3)	Hun Com		188		1	188	D		
Restricted Stock Units ⁽¹⁾	(1)									(4)		(4)	Hun Com		318		3	318	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 02/24/2020, 33% of the award is vesting on 12/15/20, 12/15/21, and 12/15/22.
- $3. \ Restricted \ stock \ units \ granted \ to \ reporting \ person \ on \ 02/22/2021, 33\% \ of \ the \ award \ is \ vesting \ on \ 12/15/21, 12/15/22, \ and \ 12/15/23.$
- 4. Restricted stock units granted to reporting person on 02/21/2022, 33% of the award is vesting on 12/15/22, 12/15/23, and 12/15/24.

Michael A. Koeberlein

08/01/2022

** 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.