FORM	4
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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).

UNITED STATES	SECURITIES AND	EXCHANGE	COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL						
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Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is defense conditions of Rule 10b5-1(c). See Instruction 10.

1. Name and Address of Reporting Person [*] <u>Felter John-Paul W.</u> (Last) (First) (Middle) 500 W. MAIN ST.		n*	2. Issuer Name and Ticker or Trading Symbol HUMANA INC [HUM]		ationship of Reporting Person(s) to Issuer k all applicable) Director 10% Owner Officer (give title Other (specify		
		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 12/15/2024	V	below) SVP, Chief Accting C	below)	
(Street) LOUISVILLE (City)	KY (State)	40202 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	ridual or Joint/Group Filing Form filed by One Repor Form filed by More than Person	rting Person	

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)				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		Price	Transaction(s) (Instr. 3 and 4)		(1150. 4)
Humana Common	12/15/2024		F		49 ⁽⁵⁾	D	\$271.675	811	D	
Humana Common	12/15/2024		М		114	Α	\$ <mark>0</mark>	925	D	
Humana Common	12/15/2024		F		34(5)	D	\$271.675	891 ⁽⁴⁾	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. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		on of		Expiration Date (Month/Day/Year)		Amount of		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Restricted Stock Units ⁽¹⁾	(1)							(2)	(2)	Humana Common	211		211	D	
Restricted Stock Units ⁽¹⁾	(1)	12/15/2024		М			114	(3)	(3)	Humana Common	114	\$ 0	115	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. Includes 327 restricted stock units representing a contingent right to receive one share of Humana Inc. common stock, exempt under Rule 16b-3(d)(1)&(3) under the Company's 2019 Amended & Restated Plan.

5. Shares disposed of represent payment for tax liability on restricted stock units vested on 12/15/24.

John-Paul W. Felter

** Signature of Reporting Person

12/17/2024 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.