## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP
SIAILMENT	OI CITAINOLS	IN DENE IOIAL	CVVIVEICOIIII

l	OMB APPRO	VAL
	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

							` '														
1. Name and Address of Reporting Person* PETERSON MARISSA T				2. Issuer Name <b>and</b> Ticker or Trading Symbol HUMANA INC [ HUM ]										eck a	ıll appli	,					
(Last) HUMAN	(F	First)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 01/02/2020											Officer below)	(give title	10% Own Other (spe below)		
500 W. MAIN STREET  (Street)  LOUISVILLE KY 40202				- 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	i. Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person							
(City)	(5	State)	(Zip)																		
		Tab	le I - Noi	n-Deriv	vative	e Se	curiti	es Ad	cqui	ired, C	Disp	osed	of, or E	ene	ficial	ly O	wnec	ŀ			
		Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		е,	3. Transac Code (Ir 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)				4 and Secur Benef Owne		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
										Code	v	Amoun	(A)	or	Price	Reporte Transac (Instr. 3		ction(s)			(Instr. 4)
Humana Common 01/0			2/202	2/2020				A		453	3 A		\$0		2,475 <sup>(3)</sup>		D				
		7	able II -										, or Be			Ow	ned				
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. Transaction Code (Instr 8)				6. Date Exercisal Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		urity			9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owne Form Direc or Ind (I) (In	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exe	e rcisable		piration te	Title	or Nu of	nount mber ares						
Restricted Stock Units <sup>(1)</sup>	(1)									(1)		(1)	Humana Commoi		,687			17,687		D	
Restricted Stock	(2)									(2)		(2)	Humana Commoi		169			169		D	

## **Explanation of Responses:**

- 1. Annual Director's fee payable in stock units which have been deferred at the election of the Reporting Person until her resignation of services as a director at which time the stock units will be payable in Humana Inc. common stock on a 1-for-1 basis, exempt pursuant to Rule 16(b)-3(d)(1).
- 2. Director's dividend payment reinvested into stock units on vested and deferred stock units, deferred in accordance with the Plan until her resignation of services as a director at which time the deferred dividend stock units will be payable in Humana Inc. common stock on a 1-for-1 basis, exempt pursuant to Rule16(b)-3(d).
- 3. Includes 453 restricted stock units pursuant to the annual Director's Fee Program 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 of which 100% is vesting on 12/31/20.

## Remarks:

Marissa T. Peterson

\*\* Signature of Reporting Person

01/03/2020

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.