## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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*     Agrawal Vishal													neck all appli Directo	ctor		10% Ov	vner	
	MANA INC.				3. Date of Earliest Transaction (Month/Day/Year) 12/11/2019								helow)	officer (give title elow) Chief Strat & Corp		Other (s below) Dev Office		
500 W M (Street) LOUISV		Y	40202		_ 4. If	f Amer	ndmen	t, Date	e of Original Filed (Month/Day/Year)					e) X Form	ividual or Joint/Group Filing (Check App Form filed by One Reporting Person Form filed by More than One Reporti Person			n
(City)	(5		(Zip)															
1. Title of Security (Instr. 3) 2. Trai				2. Transa	ection 2 Pay/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) on Disposed Of (D) (Instr. 3, 4 a		d (A) or	5. Amor Securiti Benefic Owned	unt of ies ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Amount	(A) or (D)	Price		rted action(s) 3 and 4)					
Humana Common 13				12/11/	2019				M		811	A	\$0	8	811		D	
Humana Common			12/11/	/11/2019				F		256	D	\$344.7	25 5	555		D		
		7	able II								posed of converti			/ Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deer Execution if any (Month/I		4. Transaction Code (Instr. 8)		1 of		6. Date Exerci Expiration Dat (Month/Day/Ye		e	7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number or derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares					
Options <sup>(1)</sup>	\$308.31								(1)		12/11/2025	Humana Common	10,577		10,577		D	
Options <sup>(2)</sup>	\$307.965								(2)		02/25/2026	Humana Common	5,388		5,388		D	
Restricted Stock Units <sup>(3)</sup>	(3)	12/11/2019			M			811	(4)		(4)	Humana Common	811	\$0	1,622		D	
Restricted Stock	(5)								(5)		(5)	Humana Common	1,218		1,218		D	

### **Explanation of Responses:**

- 1. Right to buy pursuant to Company's 2011 Stock Incentive Plan. Incentive & Non-Qualified stock options granted to reporting person on 12/11/2018, vesting in three increments from 12/11/19 to 12/11/21.
- 2. Right to buy pursuant to Company's 2011 Stock Incentive Plan. Incentive & Non-Qualified stock options granted to reporting person on 02/25/2019, vesting in three increments from 02/25/20 to 02/25/22.
- 3. Right to receive one share per restricted stock unit pursuant to the Company's 2011 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).
- $4. \ Restricted \ stock \ units \ granted \ to \ reporting \ person \ on \ 12/11/2018, \ 33\% \ of \ the \ award \ is \ vesting \ on \ 12/11/2019, \ 12/11/2020 \ and \ 12/11/2021.$
- 5. Restricted stock units granted to reporting person on 02/25/2019, 33% of the award is vesting on 12/15/2019, 12/15/2020 and 12/15/2021.

# Remarks:

Vishal Agrawal

12/13/2019

\*\* 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.