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

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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

1. Name ar Zipperl	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									
(Last) (First) (Middle) HUMANA INC.					3. Date of Earliest Transaction (Month/Day/Year) 03/31/2022										X Officer (give title Other (specify below) SVP, Chief Acct Officer & Cont					
500 WEST MAIN ST (Street) LOUISVILLE KY 40202 (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. 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 - No	n-Deriv	ative	Sec	uritie	es A	quir	ed, C) Dis	posed o	of, or Be	neficia	ally Owne	d				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Exe	ZA. Deemed Execution Date, f any (Month/Day/Year)		Co	Transaction Code (Instr			ies Acquired (A) or Of (D) (Instr. 3, 4 and		Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Co	de V		Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)	
Humana Common															5,7	5,723		D		
Humana Common															9	905		Ι	See Footnote ⁽¹⁾	
		Т	able II -										, or Ben ble sec		y Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deen Executio if any (Month/D	n Date,	4. Transac Code (II 8)					te Exer ation I th/Day	Date			f g Security	8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securiti Benefici Owned Followir Reporte Transac (Instr. 4)	ve es ially ng d tion(s)	10. Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficial Ownership ct (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	cisable		expiration Date	Title	Amount or Number of Shares						
Restricted Stock Units ⁽²⁾	(2)								((3)		(3)	Humana Common	238		23	8	D		
Restricted Stock Units ⁽²⁾	(2)								((4)		(4)	Humana Common	410		41	0	D		
Phantom Stock	(5)								((5)	T	(5)	Humana Common	302		30.	2	I	See Footnote ⁽⁵⁾	

Explanation of Responses:

- 1. Shares held for the benefit of reporting person as of February 28, 2022 under the Humana Retirement Savings Plan including routine payroll deductions, quarterly dividend allocation, and a routine disposition of shares to fund an administrative fee assessment under a Tax-Conditioned Plan, exempt under Rule 16b-3(c).
- 2. 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).
- 3. 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.
- 4. 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.
- 5. Phantom Stock Units held for the benefit of reporting person as of March 22, 2022 based on the value of Humana common stock on a 1-for-1 basis, under the Humana Retirement Equalization Plan. The ending number of units reflects normal fluctuation due to changes in stock price

Cynthia H. Zipperle

03/31/2022

** 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.