FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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* Schick Susan D.		2. Date of Event Requiring Statement (Month/Day/Year) 09/01/2021 3. Issuer Name and Ticker or Trading Symbol HUMANA INC [HUM]							
(Last) (First) (Mic	ldle)			4. Relationship of Reporting Issuer (Check all applicable)				f Amendment, d (Month/Day/	Date of Original Year)
500 W MAIN ST.				Director Officer (give title below)	10% C Other below)	(specify		eck Applicable	int/Group Filing e Line) by One Reporting
(Street) LOUISVILLE KY 40	202			Seg Pres. Grp. & M	Iilitary E	Bus.		Person	by More than One Person
(City) (State) (Zip)								
Table I - Non-Derivative Securities Beneficially Owned									
	1. Title of Security (Instr. 4)								
1. Title of Security (Instr. 4)			Ē	2. Amount of Securities Beneficially Owned (Instr. I)	3. Owner Form: D (D) or In (I) (Insti	Direct ndirect		ature of Indire ership (Instr. !	
Title of Security (Instr. 4) Humana Common			Ē	Beneficially Owned (Instr.	Form: [(D) or Ir	Direct ndirect r. 5)			
			erivative	Beneficially Owned (Instr. I)	Form: E (D) or II (I) (Insti	Direct ndirect r. 5)	Own		
	(e.g., put	ts, calls	erivative s, warrar isable and	Seneficially Owned (Instr.) 605 Securities Beneficia	Form: E (D) or li (I) (Insti	Direct ndirect r. 5)	Sion		

Explanation of Responses:

Susan D. Schick

09/01/2021

** Signature of Reporting

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 5 (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.