FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL												
	OMB Number:		3235-028										
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37 Estimated average burden hours per response: 0.5

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

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* MITCHELL WILLIAM							2. Issuer Name and Ticker or Trading Symbol HUMANA INC [HUM]										of Reporting Person(s) to Issuer cable) or 10% Owner		vner		
(Last) HUMAN	IA INC	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 12/31/2018										Office below	r (give title)	Other (sp below)		specify	
500 W. MAIN STREET (Street) LOUISVILLE KY 40202						4. If Amendment, Date of Original Filed (Month/Day/Year)									Lin	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate) (Zip)																		
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						Execution Date,			e, T	Code (Instr.					(A) or 3, 4 and	Benefic	ies Fo ially (D Following (I)		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										Code	V	Amoun	t (A) or)	Price	Transac (Instr. 3	ction(s)			(11311.4)	
Humana	Common	ommon 01/02/2019 A 588 A \$0 688						38(3)	B ⁽³⁾												
	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 D if any (Month/Day)	Date, T	ransaction Code (Instr.		າ of		6. Date Exercisal Expiration Date (Month/Day/Year)			le and 7. Title ar of Securi Underlyin Derivativ (Instr. 3 a		curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exerc	cisable	Ex Da	piration te	Title	or Nu of	ımber						
Stock Unit ⁽¹⁾	(1)								((1)		(1)	Human Commo		4,224		24,224		D		
Stock	(2)	12/31/2018			A		114		((2)		(2)	Human		114	\$284.565	1,008		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 his 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) and the total includes the vested portion that was subsequently deferred for years 2013 and later.
- 2. Director's dividend payment reinvested into stock units on vested and deferred stock units, deferred in accordance with the Plan until his 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 588 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 2011 Plan of which 100% is vesting on 12/31/19.

Remarks:

William E. Mitchell

01/03/2019

** 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.