SEC For	rm 4																		
	FORM	4	UNITED	) STA	TES	S SI	ECUI		ES AND ington, D.C.			NG	EC	OMM	ISSION	1	OME	APPRC	VAL
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									SHIP OMB Number: 3235-028 Estimated average burden			3235-0287 en 0.5			
transa contra the pu securit intendo defens	rchase or sale or ies of the issue ed to satisfy the	e pursuant to a r written plan for of equity r that is			01	0000	011 00(11						U						
1. Name and Address of Reporting Person* $\underline{Garratt \ John \ W}$					2. Issuer Name and Ticker or Trading Symbol HUMANA INC [ HUM ]									Relationship neck all appli	icable)	Reporting Pers ble)		ssuer Owner	
(Last) (First) (Middle) HUMANA INC.													Officer below)	r (give title )		Other ( below)	(specify		
500 W MAIN STREET (Street) LOUISVILLE KY 40202 (City) (State) (Zip)					4. 11	Line)								Joint/Group Filing (Check Applicable filed by One Reporting Person filed by More than One Reporting n					
		Tah	le I - Non	-Deriv	ative	Se	curitia	ος Δι	cquired, C	)ie	nosed (	of or	Ren	eficia	llv Owner	h			
1. Title of Security (Instr. 3)				2. Transaction Date (Month/Day/Year)			2A. Deemed Execution Date, if any (Month/Day/Year		3. 4. Securi Transaction Dispose Code (Instr. 5)		rities Acquired (A) ed Of (D) (Instr. 3, 4		d (A) or	5. Amou Securitie Benefici Owned F	int of es ally Following	nt of 6. Ov s Form Illy (D) c ollowing (I) (Ir		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	() ([	() or ()	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)
Humana Common															1,	685		D	
		Т							uired, Dis s, options						y Owned				
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	Execution Date,		4. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	s Ily J	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title		Amount or Number of Shares					
Restricted Stock Units <sup>(1)</sup>	(1)	01/02/2025			A		783		(1)		(1)	Huma Comm		783	\$0	1,163(	[1]	D	
Restricted												l							1

## **Explanation of Responses:**

(2)

Stock

Units<sup>(2)</sup>

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 I-for-I basis, exempt pursuant to Rule 16(b)-3(d)(I). Includes 783 restricted stock units which represent a contingent right to receive one share of Humana Inc. common stock, exempt under Rule 16b-3(d)(I) &(3) under the Company's 2019 Amended & Restated Plan.

(2)

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).

Jo	hn '	W.	Garratt	

2

Humana

Common

(2)

01/03/2025 \*\* Signature of Reporting Person Date

2

D

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\ast}$  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.