## FORM 4

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

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

l	hours per response:	0.5		
l	Estimated average burden			
н	ONB Number.	3235-0207		

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

			or Section 30(n) of the investment Company Act of 1940				
1. Name and Address of Reporting Person* Bono Raquel C.			2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>HUMANA INC</u> [ HUM ]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) HUMANA INC	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 12/31/2021	X Director 10% Owner Officer (give title Other (specify below) below)			
500 W MAIN STREET			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)			
(Street) LOUISVILLE				X Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned							

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr.				3, 4 and	5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Humana Common								397	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 3A. Deemed Execution Date, if any 1. Title of 3. Transaction 5. Number 6. Date Exercisable and 7. Title and 9. Number of 10. 11. Nature 8. Price of Transaction Code (Instr. Derivative Security Conversion Amount of Securities Derivative derivative Ownership of Indirect Date of Derivative Expiration Date (Month/Dav/Year) (Month/Day/Year) or Exercise Security Securities Form: Beneficial Securities Acquired (A) or (Instr. 3) Price of (Month/Day/Year) 8) Underlying Derivative Security (Instr. 5) Beneficially Direct (D) Ownership (Instr. 4) or Indirect (I) (Instr. 4) Derivative Owned Security (Instr. 3 and 4) Following Disposed of (D) Reported Transaction(s) (Instr. 3, 4 (Instr. 4) and 5) Amount Number Date Expiration of Code v (A) (D) Exercisable Date Title Shares Restricted Humana (1) (1) (1) 403 Stock 403 D Commo Units<sup>(1)</sup> Restricted Humana (2)2 Stock 12/31/2021 A 2 \$465.85 2 D Commo Units<sup>(2)</sup> Restricted Humana (3) 01/03/2022 (3) (3) 412 Stock 412 \$<mark>0</mark> 412 D A

## Explanation of Responses:

Units<sup>(3)</sup>

1. Annual Director's fee payable in stock units, deferred at the election of the Reporting Person until her 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).

2. Director's dividend payment reinvested into stock units on vested and deferred stock units, deferred in accordance with the Plan until her 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 Rule 16(b)-3(d)(1).

3. 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) under Company's 2019 Amended & Restated Plan.100% of the award is vesting on 12/31/22.

Rag	uel C. Bo	ono

Common

\*\* Signature of Reporting Person Date

01/04/2022

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.