FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D C	20540
wasnington,	D.C.	20049

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPR	OVAL				
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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

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1. Name and Address of Reporting Person* Feinberg David T						2. Issuer Name and Ticker or Trading Symbol HUMANA INC [HUM]										Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last)	(1	First)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/31/2023										Officer below)	(give title		Other (s below)	specify	
12525 CHADRON AVENUE						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)															X	Form t	filed by One	e Rep	orting Perso	on	
HAWTHORNE CA 90250						Form filed by More than One Reporting Person															
(City) (State) (Zip)							Rule 10b5-1(c) Transaction Indication														
						Che	ck this bo	ox to indirmativ	dicate tl e defen	that a tr nse con	ansa ditio	iction was ns of Rule	made pursu 10b5-1(c). \$	ant to a co See Instru	ontract ction 1	t, instructi 0.	on or writter	n plan t	that is intende	ed to	
		Tab	le I - Non	-Deriv	ative	Se	curitie	es Ac	cquir	red, C	Disp	osed o	of, or Be	enefici	ally (Owne	t				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Execution Date,			´ Co	Transaction Disposed Of (D) Code (Instr. 5)					nd	5. Amou Securitie Benefici Owned F	Forr lly (D) o		r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
								Cd	ode	v	Amount	(A) or (D)		. 1	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Humana Common																441			D		
		Т	able II - I										, or Ber ble sec			wned					
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any		4. Transaction Code (Instr. 8)		n of E		Expira	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owner Form: Direct or Ind (I) (Ins	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershij (Instr. 4)			
					Code	v	(A)	(D)	Date Exerc	cisable		kpiration ate	Title	Amoun or Number of Shares							
Restricted Stock Units	(1)								((2)		(2)	Humana Common	380			380		D		
Restricted Stock	(3)	03/31/2023			A		31		((3)		(3)	Humana Common	31	\$48	87.1602	31		D		

Explanation of Responses:

- 1. 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).
- 2. 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 12/31/23.
- 3. Director's cash fee elected to be converted into stock units, 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).

<u>David T. Feinberg</u> 04/04/2023

** 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.