FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHAN	IGES IN B	ENEFICIAL	OWNERSHIP

l	OMB APPRO	VAL
	OMB Number:	3235-0287
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l	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).

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* <u>Cox Heather</u>						2. Issuer Name and Ticker or Trading Symbol HUMANA INC [HUM]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify				
(Last) (First) (Middle) HUMANA INC.				3. Date of Earliest Transaction (Month/Day/Year) 12/15/2019									helow)	Officer (give title below) Chief Dig Health &		v)`		
Street) LOUISVILLE KY 40202 (City) (State) (Zip)				4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tab	le I - No	n-Deri	vative	Sec	curiti	es Ac	quired	Dis	posed (of, or Be	eneficia	Ily Owne	d			
Date				2. Trans Date (Month/I		Ex Day/Year) if a		2A. Deemed Execution Date, f any (Month/Day/Year)		Transaction Disposed Code (Instr.		ities Acquired (A) o d Of (D) (Instr. 3, 4		Benefic Owned	es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
										v	Amount	(A) or (D)		Reporte Transac (Instr. 3	tion(s)		(Instr. 4)	
Humana (Common			12/15	5/2019	2019			М		406	A	\$0	9)30	D		
Humana Common 12/15/			5/2019	2019			F		123	D \$350.41		.41 8	807					
		Т	able II -									, or Ben		y Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		Date Executio	n Date, Trans Code		ansaction of Dide (Instr. So A)		vative prities priced r osed) r. 3, 4	6. Date Exercisa Expiration Date (Month/Day/Yea)	7. Title an of Securit Underlyin Derivative (Instr. 3 a	ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares					
Options ⁽¹⁾	\$332.675								(1)	C	09/01/2025	Humana Common	10,155		10,155	D		
Options ⁽²⁾	\$307.965							П	(2)	C	02/25/2026	Humana Common	5,388		5,388	D		
Restricted Stock Units ⁽³⁾	(3)								(4)		(4)	Humana Common	1,503		1,503	D		
Restricted Stock Units ⁽³⁾	(3)	12/15/2019			M			406	(5)		(5)	Humana Common	406	\$0	812	D		

Explanation of Responses:

- 1. Right to buy pursuant to Company's 2011 Stock Incentive Plan. Incentive & Non-Qualified stock options granted to reporting person on 9/1/2018, vesting in three increments from 9/1/19 to 9/1/21.
- 2. Right to buy pursuant to Company's 2011 Stock Incentive Plan. Incentive & Non-Qualified stock options granted to reporting person on 2/25/2019, vesting in three increments from 2/25/20 to 2/25/22.
- 3. Right to receive one share per restricted stock unit pursuant to the Company's 2011 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).
- $4. \ Restricted \ stock \ units \ granted \ to \ reporting \ person \ on \ 9/1/2018, \ 33\% \ of \ the \ award \ is \ vesting \ on \ 9/1/2019, \ 9/1/2020 \ and \ 9/1/2021.$
- $5. \ Restricted \ stock \ units \ granted \ to \ reporting \ person \ on \ 2/25/2019, \ 33\% \ of \ the \ award \ is \ vesting \ on \ 12/15/2019, \ 12/15/2020 \ and \ 12/15/2021.$

Remarks:

Heather Cox

12/16/2019

** 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.