FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, [	D.C. 20549
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heck this box if no longer subject	S
Section 16. Form 4 or Form 5	
bligations may continue. See	
-4	

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number: 3235-0287							
Estimated average burden							
hours per response:	0.5						

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  Burd Brad					2. Issuer Name and Ticker or Trading Symbol GoHealth, Inc. [ GOCO ]										k all app Direc	tor	ng Per	10% Ov	vner
(Last)	(Fii MERCHAN	rst) (I DISE MART PL	Middle)	SUITE	3. Date of Earliest Transaction (Month/Day/Year) 03/21/2024							X	Office belov	er (give title v) Chief Leg	gal O	Other (s below) fficer	specify		
1750				4. If Amendment, Date of Original Filed (Month/Day/Year)							)	Individual or Joint/Group Filing (Check Applicable Line)							
(Street)														X	Form	filed by On	e Repo	orting Perso	on
l ` ′	CHICAGO IL 60654														Form filed by More than One Reporting Person				
(City)	(St	ate) (2	Zip)		Rul	e 10	)b5-	1(c)	Tran	sac	tion Indi	icatio	on						
Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									nded to										
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	, Dis	posed of	, or E	Benefi	icially	/ Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)			Execution y/Year) if any		ution [			ction Instr.					Securi Benefi Owned	i. Amount of Securities Seneficially Dwned Following		r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) (D)	or Pri	ice	Report Transa (Instr.	ted action(s) 3 and 4)			(Instr. 4)
Class A Common Stock 03/21/2				2024		F		1,099(1)	1	\$	\$10.34		14,681		D				
		Tal	ole II -								osed of, convertib				Owne	d			
1. Title of Derivative Conversion or Exercise Price of Derivative Security			ion Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In:	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form: Direct or Indi (I) (Ins	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares	er					

## **Explanation of Responses:**

1. Represents shares withheld by the Company to satisfy tax withholding obligations in connection with the vesting of 3,750 restricted stock units granted to the reporting person on March 21, 2023.

## Remarks:

/s/ Bradley Burd

03/22/2024

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.