FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

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      KOTTE VIJAY					2. Issuer Name and Ticker or Trading Symbol GoHealth, Inc. [ GOCO ]							5. Relati (Check a	Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner				ner	
(Last) (First) (Middle) 222 W MERCHANDISE MART PLAZA SUITE 1750					3. Date of Earliest Transaction (Month/Day/Year) 04/01/2024							X	Officer (give title below)  Chief Executive Officer				ecify below)	
(Street) CHICAGO IL 60654				4	If Amendment, Date of Original Filed (Month/Day/Year)							6. Individ	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
(City)	(State)	(Zi	p)	F	Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
			Table I - N	on-De	rivative	Securit	ties Acc	quired, E	Disp	osed of	, or Be	neficiall	y Owned					
Da				Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, ) if any				rities Acquired (A) or Dispo tr. 3, 4 and 5)		Disposed Of	5. Amount of Se Beneficially Ow Following Repo	ned		Direct (D) or	7. Nature of Indirect Beneficial
				ľ		(Month/I	Day/Year)	Code	v	Amount		(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				Ownership (Instr. 4)
Class A Common Stock					04/01/2024		A		166,6	666(1)	Α	\$0	821,582(2)			D		
			Table II			Securitie calls, wa							Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	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 Underlying Derivative (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned	re es ally	10. Ownership Form: Direct (D) or Indirect (I)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title		Amount or Number of Shares		Followin Reported Transact (Instr. 4)	d tion(s)	(Instr. 4)	
Stock Option (Right to Buy)	\$10.65	04/01/2024		A		83,333		(3)	-	04/01/2034		A Common Stock	83,333	\$0	83,33	33	D	

### Explanation of Responses:

- 1. Represents a grant of restricted stock units which vest in three annual installments, with the first such annual installment vesting on April 1, 2025.
- $2.\ Includes\ 1,\!286\ shares\ purchased\ under\ the\ Issuer's\ Employee\ Stock\ Purchase\ Plan\ on\ December\ 31,\ 2023.$
- 3. The stock options vest in three annual installments, with the first such annual installment vesting on April 1, 2025

#### Remarks:

Exhibit List: Exhibit 24 - Power of Attorney

/s/ Bradley Burd, Attorney-in-fact 04/03/2024 \*\* 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).

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.

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

### SUBSTITUTE POWER OF ATTORNEY

Under the terms of that certain Power of Attorney, dated as of May 16, 2022, (the "Power of Attorney") the undersigned, Brian Farley, was appointed as attorney-in-fact for Vijay Kotte, an Officer and Director of GoHealth, Inc., a Delaware corporation. In accordance with the authority granted under the Power of Attorney, including the power of substitution and resubstitution or revocation, the undersigned hereby appoints each of Bradley Burd, Jennifer Cylinder and Katherine O'Halloran as substitute attorneys-in-fact, on behalf of Brian Farley, each with the power to act without any other and with full power of substitution and resubstitution or revocation, to exercise and execute all of the powers granted or conferred in the original Power of Attorney. By executing below as attorneys-in-fact to this Substitute Power of Attorney, Bradley Burd, Jennifer Cylinder and Katherine O'Halloran each accept such appointment and agree to assume from the undersigned any and all duties and responsibilities attendant to his or her capacity as attorney-in-fact of Brian Farley effective as of the date hereof.

Date: September 25, 2023

By: <u>/s/ Brian Farley</u> Name: Brian Farley Title: Attorney-in-Fact

## WE ACCEPT THIS APPOINTMENT AND SUBSTITUTION:

/s/ Bradley Burd

Bradley Burd

/s/ Jennifer Cylinder

Jennifer Cylinder

/s/ Katherine O'Halloran

Katherine O'Halloran