FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours ner resnonse:	0.5							

\Box	Check this box if no longer subject to Section 16.
	Form 4 or Form 5 obligations may continue. See

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

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Name and Address of Reporting Person* Cruz Shane E.					2. Issuer Name and Ticker or Trading Symbol GoHealth, Inc. [GOCO]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owne			
													l x	Officer (give tit	tle below)	Other	specify below)
(Last) (First) (Middle) 214 WEST HURON ST.					3. Date of Earliest Transaction (Month/Day/Year) 02/11/2022								Chief Operating Officer				
(Street) CHICAGO	IL	60	654	4	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)	(Zip	0)														
			Table I -	Non-D	erivativ	e Securi	ties Acc	uired, [Disp	osed of	, or Be	neficially	Owned				
Da Da			Date	2. Transaction Date (Month/Day/Year)		med on Date,	3. Transaction Code (Instr. 8) 4. Securities Acquired (A) or Dispos			sposed Of	Beneficially Own Following Repor		6. Ownership Form Direct (D) or ndirect (I) (Instr. 4)	7. Nature of Indirect Beneficial			
					(Month)	(Month/Day/Year)	Code	v	Amount		(A) or (D)	Price	Transaction(s) (In and 4)	nstr. 3		Ownership (Instr. 4)	
Class A Common Stock				02/	11/2022	2		F		10,708 ⁽¹⁾ D		D	\$1.88	82,135	82,135		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transi Code (In		Derivative Acquired (Disposed	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 Se Underlying Derivative Set 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned	Ownership Form: Direct (D) or Indirect (I)	11. Nature of Indirect t Beneficial Ownership (Instr. 4)
	Security	ty	Ī	Code	v	(A)	(D)	Date Exercisal		Expiration Nu		Amount or Number of Shares		Following Reported Transaction(s) (Instr. 4)	on(s) (Instr. 4)		

Explanation of Responses:

Shares withheld for payment of tax liability upon vesting of the restricted stock units granted on February 11, 2021.

Remarks:

Exhibit 24 - Power of Attorney.

/s/ Brian Farley, Attorney-in-fact

02/15/2022

** Signature of Reporting Person

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.

POWER OF ATTORNEY

With respect to holdings of and transactions in securities issued by GoHealth, Inc. (the "Company"), the undersigned hereby constitute:

prepare, execute in the undersigned's name and on the undersigned's behalf, and submit to the United States Securities and Exchange
execute for and on behalf of the undersigned, Forms 3, 4, and 5 in accordance with Section 16 of the Securities Exchange Act of 19:
do and perform any and all acts for and on behalf of the undersigned which may be necessary or desirable to complete and execute at take any other action of any type whatsoever in connection with the foregoing which, in the opinion of such attorney-in-fact, may I The undersigned hereby grants to each such attorney-in-fact full power and authority to do and perform any and every act and thing what the undersigned acknowledges that the foregoing attorneys-in-fact, in serving in such capacity at the request of the undersigned, are I This Power of Attorney shall remain in full force and effect until the undersigned is no longer required to file Forms 3, 4, and 5 with

IN WITNESS WHEREOF, the undersigned has executed this Power of Attorney on this 15th date of February, 2022.

Signature: /s/ Shane E. Cruz

Print Name: Shane E. Cruz

Schedule A

Individuals Appointed as Attorney-in-Fact with Full Power of Substitution and Resubstitution:

- * Brian Farley
- * Kasey Wroblewski * Mark Stortz