FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

	tion 1(b).	iuc. occ	I	iled pur- or	suant to Section	Section 30(h)	n 16(a) of the I	of the S nvestme	Securit ent Co	ies Exchang mpany Act c	e Act of 1940	of 1934)	4		nours	per re	esponse:	0.5
1. Name and Address of Reporting Person* FLANAGAN JOSEPH GERARD					2. Issuer Name and Ticker or Trading Symbol GoHealth, Inc. [GOCO]						(Che	elationshipeck all app	licable)	ng Pe	rson(s) to Is			
(Last) (First) (Middle) 214 WEST HURON ST.					3. Date of Earliest Transaction (Month/Day/Year) 05/26/2021								Office below	er (give title v)		Other (specify below)		
(Street) CHICAC			0654 Zip)	4.	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line) K Form Form	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Table	I - Non-De	rivativ	e Sec	uritie	s Acc	uired	, Dis	posed of	, or E	Bene	ficial	ly Own	ed			
1. Title of Security (Instr. 3) 2. Transar Date (Month/Date)				Execution Date,		3. Transaction Code (Instr.) 8) 4. Securities Acquired (Disposed Of (D) (Instr. 5)				Securit Benefi	Securities F Beneficially (I Dwned Following (I		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership				
							Code	v	Amount	(A) (D)	or F	Price	Transa	ction(s) 3 and 4)			(Instr. 4)	
Class A Common Stock 05/26/2				26/202	2021		A		11,905(1) /	A	\$0.00) 23	3,810		D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 33. Deemed Execution Date, if any (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) 4. Transaction Code (Instr. 8) Derivative Acquirer (A) or Dispose of (D) (Instr. 3, and 5)		vative urities uired or losed o)	6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) 7. Title and Amount of Securities Underlying Derivative Security (Ir 3 and 4)			unt of prities erlying vative prity (In d 4)	str.	B. Price of Derivative Security Instr. 5)			Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)					
				Cod	Code V (A) (D)		Date Exercis	sable	Expiration Date	Title	or Num of Shar	.						

Explanation of Responses:

1. Represents a grant of restricted stock units which vest in four equal quarterly installments, with the first such quarterly installment vesting on August 26, 2021.

Remarks:

/s/ Travis J. Matthiesen, Attorney-in-fact for Joseph

05/28/2021

Gerard Flanagan

** 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.