FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number:	3235-0287						
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hours per response:	0.5						

\Box	Check this box if no longer subject to Section 16.
	Form 4 or Form 5 obligations may continue. See
$\overline{}$	Instruction 1(b)

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

Name and Address of Reporting Person* Sharman James A.					2. Issuer Name and Ticker or Trading Symbol GoHealth, Inc. [GOCO]									Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) (First) (Middle) 214 WEST HURON ST.					3. Date of Earliest Transaction (Month/Day/Year) 02/11/2022								x	X Officer (give title below) Other (specify below) President						
(Street) CHICAGO (City)	IL (State)	60ı (Ziş			4. If Amendment, Date of Original Filed (Month/Day/Year)									ndividual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
			Table I -	Non-D	erivativ	e Securi	ties Acc	uired,	Disp	osed of	, or Be	neficially	Owned							
D D				Date	ansaction th/Day/Yea	r) if any	on Date,	3. Transaction Code (Instr. 8) 4. Securiti				sposed Of	Ben Foll	i. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial		
							(Month/Day/Year)	Code	٧	Amount	Amount (A) or (D) Price		Price	Tran	nsaction(s) (In 4)	str. 3			Ownership (Instr. 4)	
Class A Common Stock				02	/11/2022	2		F		10,011(1)		D	\$1.88		91,272			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	n Date	Execution Date, if any (Month/Day/Year)	4. Trans Code (Ir		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)				of Securities e Security (In	str. [8. Price of Derivative Security (Instr. 5)	9. Number derivativ Securitie Beneficia Owned	e O es (E ally (E	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
	Security			Code	v	(A)	Date Exercisa		Expiration Nu			Amount of Number of Shares			Followin Reported Transact (Instr. 4)	ĭ `				

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/ James A. Sharman

Print Name: James A. Sharman

Schedule A

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

- * Brian Farley
- * Kasey Wroblewski * Mark Stortz