FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 | |
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| Check this box if no longer subject | |
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| to Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
| Instruction 1(b). | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 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* <u>Timm Alexander E.</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol GoHealth, Inc. [GOCO] | | | | | | | | | lationship ck all app Direc | , | ng Per | 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 /) | | Other (s below) | specify |
| (Street) CHICAC | | | 0654 Zip) | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Form | or Joint/Group Filing (Check Applicable m filed by One Reporting Person m filed by More than One Reporting son | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | 3ene | ficiall | y Own | ed | | | |
| I | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | 4. Securitie Disposed (5) | | | | 5. Amo Securit Benefic Owned Report | ies cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | | rice | Transa | ansaction(s) str. 3 and 4) | | | (1130.4) |
| Class A Common Stock | | | 05/26/2 | 26/2021 | | | | A | | 7,143 ⁽¹⁾ | A \$0 | | \$0.00 | 0 14,286 | | | 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) | Executi if any | 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) | | | | te | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | Str. | Price of erivative ecurity estr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Numl of Share | | | | | | |

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 Alexander 05/28/2021 E. Timm

** 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.