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 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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* Hargis Mike						2. Issuer Name and Ticker or Trading Symbol GoHealth, Inc. [GOCO]									ck all app Direct	ionship of Reporting all applicable) Director Officer (give title		son(s) to Is 10% Ov Other (s	/ner
(Last)	.ast) (First) (Middle) 22 W MERCHANDISE MART PLAZA S				3. Date of Earliest Transaction (Month/Day/Year) 08/09/2024									V	below) below) Chief Operating Officer				рсопу
1750					4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person					
(Street) CHICAGO IL 60654						Form filed by One Reporting Person Form filed by More than One Reporting Person													
(City) (State) (Zip)					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 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						Exec if any	Deemed cution Date, y nth/Day/Year)				Disposed (urities Acquired (A sed Of (D) (Instr. 3,		4 and Securi Benefi Owned		ies cially Following	Form (D) or	r Indirect	7. Nature of Indirect Beneficial Ownership
								Code	v	Amount	(A) (D)	or P	rice		ed ction(s) 3 and 4)			(Instr. 4)	
Class A Common Stock 08/09/2					2024				F		4,159(1)	I) {	9.08	250,638(2)			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)	if any	emed ion Date, /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 Exercis Expiration Dat (Month/Day/Ye		te	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (Ir	Price of erivative ecurity nstr. 5)		y Ow Fo Dir or (I)	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	Amou or Numb of Share	er					

Explanation of Responses:

- 1. Represents shares withheld by the Company to satisfy tax withholding obligations in connection with the vesting of 16,666 restricted stock units granted to the reporting person on August 9, 2023.
- 2. This amount also excludes 5,434 additional shares of Class A Common Stock that were inadvertently reported as being beneficially owned by the reporting person on the initial Form 3 filed by the reporting person on October 10, 2023, and two subsequent Forms 4 filed by the reporting person on March 22, 2024 and April 3, 2024, which shares have been removed from the reporting person's total beneficial ownership as of the filing of this Form 4.

Remarks:

/s/ Bradley Burd, Attorney-in-

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** Signature of Reporting Person Date

08/13/2024

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.