FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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Check this box if no longer subject 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

Name and Address of Reporting Person*     Cruz Brandon M.						2. Issuer Name and Ticker or Trading Symbol GoHealth, Inc. [ GOCO ]								(Chec	5. Relationship of Rep (Check all applicable) X Director			( 10% (	Owner
(Last) (First) (Middle) 214 WEST HURON ST.						3. Date of Earliest Transaction (Month/Day/Year) 08/16/2021								X	X Officer (give title below) Other (specify below)  Chief Strategy Officer				
(Street)	CHICAGO IL 60654					4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Cone)  X Form filed by One Reportir Form filed by More than One Person				son
(City)	(Sta	, ,	Zip)																
1. Title of Security (Instr. 3) 2. Transact Date			2. Transactio	n 2A. Deemed Execution Date,		te,	3. Transaction Code (Instr.		4. Securities Acquired (A) on Disposed Of (D) (Instr. 3, 4 a			r	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	)	Reporte Transa (Instr. 3	ction(s)			(Instr. 4)
Class A Common Stock				08/16/2021				P		174,827	A	\$4.0	585 <sup>(1)</sup>	174,827 <sup>(2)</sup>		I		By NVX Holdings, Inc.	
Class A Common Stock				08/17/2021					P		78,263	A	\$4.0	568 <sup>(1)</sup>	253	253,090 <sup>(2)</sup>		I	By NVX Holdings, Inc.
Class A (	lass A Common Stock														13	5,044		D	
Class A Common Stock															134	,183 <sup>(3)</sup>		I	By BCCJ, LLC
	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)	Derivative Conversion Date Execution Date, Tr Security or Exercise (Month/Day/Year) if any Co					ransaction ode (Instr.		rative rities rired rosed ) r. 3, 4	Expi (Mor	ration	ercisable and Date y/Year)	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		De Se (In	Price of erivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable		Expiration e Date	Title	Amou or Numb of Share	er					

## **Explanation of Responses:**

- 1. The price reported in Column 4 is a weighted-average price. These shares were sold in multiple transactions at prices ranging from \$4.58 to \$4.70. The reporting person undertakes to provide the Company, any security holder of the Company, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this section.
- 2. The previous Form 4 filed by the Reporting Person overstated the number of shares beneficially owned by the Reporting Person by 92,852,808 shares of Class A Common Stock. The amount reported herein has been corrected.
- 3. The previous Form 4 filed by the Reporting Person overstated the number of shares beneficially owned by the Reporting Person by 43,817 shares of Class A Common Stock. The amount reported herein has been corrected.

## Remarks:

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

\*\* Signature of Reporting Person

08/18/2021

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.