FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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.
1 1	Form 4 or Form 5 obligations may continue. See
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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* <u>Cruz Brandon M.</u>					2. Issuer Name and Ticker or Trading Symbol GoHealth, Inc. [GOCO]									Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 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) Chief Strategy Officer					
(Street) CHICAGO (City)	IL (State)	60) (Ziņ	654		4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individ	5. Individual 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	ities Acc	quired,	Disp	osed of	, or Bei	neficially	Owned						
Di Titto di Godanti (ilibari di			Date	ansaction th/Day/Yea	r) if any	on Date,	3. Transaction Code (Instr. 8) 4. Securities Acquired (A) or Disposition (D) (Instr. 3, 4 and 5)			sposed Of	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial				
					(Month/	(Month/Day/Year)		v	Amount		(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				Ownership (Instr. 4)		
Class A Common Stock			02	/11/2022	2		F		15,575 ⁽¹⁾ D		\$1.88	119,469			D				
			Table I			Securitie calls, wa						ficially O	wned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed 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)		9	7. Title and Amount of Se Underlying Derivative Se 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following	s ally	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
	County			Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Ar Nu Title Sh			Reported Transacti (Instr. 4)]` '		

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 ** Signature of Reporting Person

02/15/2022

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/ Brandon M. Cruz

Print Name: Brandon M. Cruz

Schedule A

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

- * Brian Farley
- * Kasey Wroblewski * Mark Stortz