1 Stock	Ta	ble II ·	- Derivati						osed of, o			/ Owne	d	<u> </u>			
1 Stock			00/00/1						L								
Common Stock 06/09/2					)21		A		43,100,443	A	(1)	43,2	100,443	D			
						Code	v	Amount	(A) or (D)	Price	Transa	action(s)		(Instr. 4)			
Date				2A. Deemed Execution Date, if any (Month/Day/Year)						4 and Securities Beneficiall Owned Fol		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
	Table	e I - No	on-Deriva	tive S	Secui	rities Acc	quired	l, Dis	sposed of,	or Ben	eficia	ly Own	ed				
(City) (State) (Zip)																	
DELRAY FL 33484 BEACH													Form filed by One Reporting Person Form filed by More than One Reporting Person				
(Street)					4. In Amendment, Date of Original Filed (Month/Day/Year)								Line)				
. MILITARY	7 TRAIL #203			4 15 /	Amond	mont Data	of Origin		d (Month/Day	(Veer)	6 10	dividual a	r loint/Crow	n Filing (Charles	Appliaghte		
HEALTH H	OLDINGS, INC	Ξ.							. ,								
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)								Officer (give title Other (specify below) below)				
KATHURIA CHIRINJEEV				Upl	UpHealth, Inc. [ UPH ]								(Check all applicable) X Director 10% Owner				
nd Address of	Reporting Person	*				( )			. ,	1340	5. R	elationshi	o of Reportir	ng Person(s) to Is	ssuer		
obligations may continue. See Instruction 1(b).			Filed pursuant to Section 16(a) of the Securities Exchange Act of 193							34		11	0	0.5			
						HANGE	S IN	BE	NEFICIA	NER	SHIP		OMB Number: 3235- Estimated average burden				
						Washin	gton, D.	C. 20	549				OMB APPROVAL				
rm 4 FORM 4	4 U	NITE	D STAT	TES S	SEC	-	-		-	GE CO	ОММ	ISSIO	N				
	this box if no lo tion 16. Form 4 tions may contir tion 1(b). INDIA CH (Fir HEALTH HU MILITARY Y FL (Sta	this box if no longer subject tion 16. Form 4 or Form 5 tions may continue. See tion 1(b). nd Address of Reporting Person URIA CHIRINJEEV (First) ( HEALTH HOLDINGS, ING MILITARY TRAIL #203 Y FL 3 (State) ( Table	STA this box if no longer subject tion 1(b). INDEXISTINATION See tion 1(b). TABLE V (First) (Middle) HEALTH HOLDINGS, INC. MILITARY TRAIL #203 Y FL 33484 (State) (Zip) Table I - No	It his box if no longer subject tion 16. Form 4 or Form 5 tions may continue. See tion 1(b). Filed   Ind Address of Reporting Person* Filed   INTERCENT (Middle)   INTERCENT (Zip)   Intercent (Zip)   Intercent (Zip)   Intercent (Zip)   Intercent (Zip)   Intercent (Zip)   Intercent (Zip)	STATEMENT O   sthis box if no longer subject tion 16. Form 4 or Form 5 tions may continue. See tion 1(b). Filed pursua or Se   Ideal Filed pursua or Se   Ind Address of Reporting Person* 2. Iss URIA CHIRINJEEV   (First) (Middle)   HEALTH HOLDINGS, INC. 3. Da 06/0   MILITARY TRAIL #203 4. If A   Y FL 33484   (State) (Zip)   Table 1 - Non-Derivative S   Security (Instr. 3)	Statement of source of the point of the	State of Earliest Tran   (First) (Middle)   HEALTH HOLDINGS, INC. 3. Date of Earliest Tran   (State) (Zip)   Table 1 - Non-Derivative Securities Acce   Security (Instr. 3)	Statisbox if no longer subject tion 16. Form 4 or Form 5 tions may continue. See tion 1(b). STATEMENT OF CHANGES IN   Filed pursuant to Section 16(a) of the 1 or Section 30(h) of the Investme or Section 30(h) of the Investme   Ind Address of Reporting Person* 2. Issuer Name and Ticker or T URIA CHIRINJEEV   (First) (Middle)   HEALTH HOLDINGS, INC. 3. Date of Earliest Transaction ( 06/09/2021   Y FL   (State) (Zip)   Table 1 - Non-Derivative Securities Acquired Security (Instr. 3) 3. Transaction Date (Month/Day/Year)   2. Transaction Date (Month/Day/Year) 3. Transaction Code ( Month/Day/Year)	Washington, D.C. 203   STATEMENT OF CHANGES IN BE   Statement of Form 5 bions may continue. See trion 1(b).   Filed pursuant to Section 16(a) of the Securi or Section 30(h) of the Investment Correstion 30(h) of the Investment 20(h)	Washington, D.C. 20549   STATEMENT OF CHANGES IN BENEFICIA   Filed pursuant to Section 16(a) of the Securities Exchange or Section 30(h) of the Investment Company Act of   Ind Address of Reporting Person*   URIA CHIRINJEEV   (First) (Middle)   HEALTH HOLDINGS, INC.   MILITARY TRAIL #203   Y FL   (State) (Zip)   Table 1 - Non-Derivative Securities Acquired, Disposed of plate (Month/Day/Year)   2. Transaction Date (Month/Day/Year) 2. Transaction (Month/Day/Year)   3. Date of Earliest Acquired, Disposed of (State)   2. Transaction (Month/Day/Year) 3. Transaction (Code (Instr. 8)	Washington, D.C. 20549   STATEMENT OF CHANGES IN BENEFICIAL OW   tion 16. Form 4 or Form 5 tions may continue. See tion 16(a) of the Securities Exchange Act of 19 or Section 30(h) of the Investment Company Act of 1940   relied pursuant to Section 16(a) of the Securities Exchange Act of 19 or Section 30(h) of the Investment Company Act of 1940   nd Address of Reporting Person* 2. Issuer Name and Ticker or Trading Symbol   URIA CHIRINJEEV 2. Issuer Name and Ticker or Trading Symbol   (First) (Middle)   HEALTH HOLDINGS, INC. 3. Date of Earliest Transaction (Month/Day/Year)   06/09/2021 4. If Amendment, Date of Original Filed (Month/Day/Year)   Y FL 33484   (State) (Zip)   Cate I - Non-Derivative Securities Acquired, Disposed of, or Ben   Security (Instr. 3) 2. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year)   0ate (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year)	Washington, D.C. 20549   STATEMENT OF CHANGES IN BENEFICIAL OWNERS   State of points iton 10.   Filed pursuant to Section 16(a) of the Investment Company Act of 1934 or Section 30(h) of the Investment Company Act of 1940   Ind Address of Reporting Person*   URIA CHIRINJEEV   (First) (Middle)   HEALTH HOLDINGS, INC.   MILITARY TRAIL #203   Y FL   State   (State) (Zip)   Table 1 - Non-Derivative Securities Acquired, Disposed of, or Beneficial Security (Instr. 3)   2. Transaction Date (Month/Day/Year)   3. Transaction To Date (Month/Day/Year)   1. Transaction Date (Month/Day/Year)   1. Transaction Date (Month/Day/Year)   2. Transaction Date (Month/Day/Year)   1. Transaction Date (Month/Day/Year)   1. Transaction Date (Month/Day/Year)   1. Transaction Date (Month/Day/Year)   2. Transaction Date (Month/Day/Year)   2. Transaction Date (Month/Day/Year)   3. Transaction Date (Month/Day/Year)   3. Transaction Date (Month/Day/Year)   3. Transaction Date (Month/Day/Year)   3. Transaction Code (Instr. 3)	Address of Reporting Person* 2. Issuer Name and Ticker or Trading Symbol 5. Relationship   URIA CHIRINJEEV 2. Issuer Name and Ticker or Trading Symbol 5. Relationship   (First) (Middle)   HEALTH HOLDINGS, INC. 3. Date of Earliest Transaction (Month/Day/Year) 6. Individual of Line)   Y FL 33484   (State) (Zip) 2. Transaction   Date (Month/Day/Year) 6. Individual of Line)   Security (Instr. 3) 2. Transaction   Date (Month/Day/Year) 3. Demede (Instr. 18)   A. Deemed (Frank Work)/Day/Year) 3. Demede (Instr. 18)   Order (Instr. 3) 2. Transaction (Month/Day/Year) 3. Stransaction (Context)   Order (Instr. 3) 2. Transaction (Month/Day/Year) 3. Stransaction (Context)   Order (Instr. 3) 2. Transaction (Month/Day/Year) 3. Transaction (Context)   Date (Instr. 3) 2. Transaction (Month/Day/Year) 3. Stransaction (Context)   Oate (Instr. 3) 2. Transaction (Month/Day/Year) 3. Context) 4. Securities Acquired (A) or (Context)   Code (Instr. 3, 4 and 5) Code (Instr. 3, 4 and 5) Security (Instr. 3, 4 and 5)	Washington, D.C. 20549   STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940   Ind Address of Reporting Person*   URIA CHIRINJEEV   (First) (Middle)   HEALTH HOLDINGS, INC.   MILITARY TRAIL #203   Y FL   State (Zip)   Table 1 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned   Security (Instr. 3) 2. Transaction Date (Month/Day/Year)   2. Transaction Date (Month/Day/Year) 3. Tansaction Date (Month/Day/Year) 3. Anount of Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and Sported Transaction(s)	Washington, D.C. 20549   OMB APPRC   OMB APPRC   Colspan="2">OMB APPRC   Colspan="2">OMB APPRC   OMB Number: Estimated average burd to restrict to a 30(h) of the investment Company Act of 1940   OMB APPRC   OMB APPRC   OMB APPRC   OMB APPRC   OMB APPRC   OMB APPRC   Colspan="2">OMB APPRC   OMB APPRC   Colspan="2">OMB APPRC   Colspan="2">OMB APPRC   State of Section 18(a) of the investment Company Act of 1940   OMB APPRC   Colspan="2">OMB APPRC   Colspan="2">OMB APPRC   Colspan="2">OMB APPRC   Colspan="2">OMB APPRC   Colspan="2">State of Section 16(a) of the investment Company Act		

(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. Transa Code ( 8)		n of		es d			e and unt of rities rlying ative rity (Instr. 4)	Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					

Explanation of Responses:

1. Received in exchange for 3,991,400 shares of UpHealth Holdings, Inc. ("Holdings") in connection with the merger of Holdings into a subsidiary of UpHealth, Inc. (the "Company") pursuant to the exchange ratio set forth in the business combination agreement between Holdings and the Company. The closing price of the Company's Common Stock on the effective date of the merger was \$9.38.

<u>/s/ Julie D'Angelo, as</u>
<u>Attorney-in-Fact for</u>
<u>Chirinjeev Kathuria</u>
** Signature of Reporting Person

06/11/2021

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $\ast$  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.