DeSalvo Karen B Form 3 November 13, 2017 UNITED STATES SECURITIES AND EXCHANGE COMMISSION **OMB APPROVAL** FORM 3 Washington, D.C. 20549 OMB 3235-0104 Number: January 31, **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF** Expires: 2005

SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Title of Derivative Security

(Instr. 4)

1. Name and Address of Reporting Person <u>*</u> DeSalvo Karen B			2. Date of Event Requiring Statement (Month/Day/Year)	. 0 0.100	3. Issuer Name and Ticker or Trading Symbol HUMANA INC [HUM]				
(Last)	(First)	(Middle)	11/10/2017		4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)	
HUMANA INC., 500 W MAIN STREET					(Check all applicable)				
	(Street)				OfficerOther Fi (give title below) (specify below)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting	
LOUISVILLE, KY 40202								Person Form filed by More than One Reporting Person	
(City)	(State)	(Zip)	Table	e I - Non-D	erivativ	ve Securiti	es Be	neficially Owned	
1.Title of Secur (Instr. 4)	rity			nount of Secur ficially Ownec . 4)		3. Dwnership Form: Direct (D) or Indirect I) Instr. 5)	4. Nat Owne (Instr.	1	
Humana Co	mmon		0			D	Â		
Reminder: Report on a separate line for each class of se owned directly or indirectly.		ch class of securities b	urities beneficially SE		EC 1473 (7-02)				
Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a									

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

Securities Underlying

Derivative Security

(Instr. 4)

Title

4.

Conversion

or Exercise

Derivative

Price of

Security

5.

Ownership

Derivative

Security:

Direct (D)

Form of

2. Date Exercisable and 3. Title and Amount of

currently valid OMB control number.

Expiration Date

(Month/Day/Year)

Estimated average

burden hours per response... 0.5

6. Nature of Indirect

Beneficial Ownership

(Instr. 5)

Edgar Filing: DeSalvo Karen B - Form 3

Date	Expiration	Amount or	or Indirect	
Exercisable	Date	Number of	(I)	
		Shares	(Instr. 5)	

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
DeSalvo Karen B HUMANA INC. 500 W MAIN STREET LOUISVILLE, KY 40202	ÂX	Â	Â	Â		
Signatures						
Karen B. 11/ DeSalvo	13/2017					

<u>**</u>Signature of Reporting Person

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 5(b)(v).

Date

** 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.