FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

OMB APPROVAL

OMB Number: 0104 Estimated average burden

3235-

0.5

SECURITIES hours per response:

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	Address of Repo	Ü	2. Date of E Requiring S (Month/Day 12/08/202	tatement /Year)		r Name and Ticker or Trading Symbol <u>fealthcare Holding LLC</u> [GEHC]				
(Last) 5 NECCO S	(First) (Middle)			.2	Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner			5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing		
(Street) BOSTON	MA	02210	-		Officer (give title below)		(specify (CI	neck Applicable X Form filed Person	by One Reporting by More than One	
(City)	(State)	(Zip)								
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)				Ē	2. Amount of Securities Beneficially Owned (Instr. I)	3. Owner Form: I (D) or II (I) (Inst	Direct Owr ndirect	4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Shares, par value \$0.01 per share					100	I)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of S Underlying Derivative So (Instr. 4)		4. Conversion or Exercise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr.	
			Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	5)	

Explanation of Responses:

Remarks:

/s/ Brandon Smith, Vice President, Chief

Corporate, Securities &

Finance Counsel

** Signature of Reporting

Date

12/08/2022

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

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.

^{*} If the form is filed by more than one reporting person, see Instruction 5 (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).