SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

OMB APPROVAL

3235-OMB Number:

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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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

	Address of Repo <u>EALTH, IN</u>	5	2. Date of E Requiring S (Month/Day 04/29/202	tatement /Year)	3. Issuer Name and Ticker or Trading Symbol <u>Sema4 Holdings Corp.</u> [SMFR]					
(Last) 4400 BISC	(First) AYNE BLVD	(Middle)			4. Relationship of Reportin Issuer (Check all applicable) Director Officer (give	X 10%	(s) to Owner er (specify	File 6. li	d (Month/Day/	int/Group Filing
(Street) MIAMI	FL	33137			title below)	belo		3	Person	by One Reporting by More than One Person
(City)	(State)	(Zip)								
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)				E	2. Amount of Securities Beneficially Owned (Instr. I)	Form (D) or			4. Nature of Indirect Beneficial Ownership (Instr. 5)	
Class A Common Stock, par value \$0.0001 per share				e	80,000,000		D			
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 S (Instr. 4)				5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
		Date Exercisable	Expiration Date	Title	Amoun or Numbe of Shares	t Derivat Securit	ive	Direct (D) or Indirect (I) (Instr. 5)	5,	

Remarks:

/s/Steven D. Rubin, authorized signatory

05/09/2022

** Signature of Reporting Person

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 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).

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.