FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

1. Name and Address of Reporting Person* Green Philip D (Last) (First) (Middle) C/O LIVONGO HEALTH, INC. 150 WEST EVELYN AVENUE, SUITE 150 (Street) MOUNTAIN VIEW CA 94041					2. Issuer Name and Ticker or Trading Symbol Livongo Health, Inc. [LVGO] 3. Date of Earliest Transaction (Month/Day/Year) 09/11/2020 4. If Amendment, Date of Original Filed (Month/Day/Year)									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title Other (specify below) below) 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(Sta	ate) (2	Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Date				Date	ite onth/Day/Year) i		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			4 and Securities Beneficially Owned Fol		Form: (D) or ollowing (I) (Ins		nership : Direct · Indirect str. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Pric	e	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock				09/11/2020				J ⁽¹⁾		624	A \$0.00		1,968			D			
Common Stock 0				09/11/2	09/11/2020				J ⁽²⁾		9,603	A	A \$0.00		46,669			I	See footnote ⁽³⁾
Common Stock 09/				09/11/2	09/11/2020				J ⁽²⁾		9,603	A \$0.00		.00	46,669			I	See footnote ⁽⁴⁾
Common Stock 09/				09/11/2	11/2020				J ⁽²⁾		9,603	A	\$0	.00	46,	,668		I	See footnote ⁽⁵⁾
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Derivative Security (Instr. 3)	vative Conversion Date Execution Date or Exercise (Month/Day/Year) if any			tion Date,	4. Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration Day (Month/Day/)		ate	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amou or Numb of Share:	er					

- 1. Represents the receipt of shares pursuant to pro rata in-kind distributions by 7wire Ventures Fund, L.P. and 7wire Ventures, LLC Series Livongo E without consideration to its partners.
- 2. Represents the receipt of shares pursuant to pro rata in-kind distributions by 7wire Ventures, LLC Series EosHealth, 7wire Ventures, LLC Series Livongo D and 7wire Ventures, LLC Series Livongo E without consideration to its partners
- 3. The shares are held of record by The Philip D. Green 2012 Children's Trust FBO Joshua D. Green for which the reporting person's spouse serves as trustee.
- 4. The shares are held of record by The Philip D. Green 2012 Children's Trust FBO Justin J. Green for which the reporting person's spouse serves as trustee.
- 5. The shares are held of record by The Philip D. Green 2012 Children's Trust FBO Alexandra E. Green for which the reporting person's spouse serves as trustee.

Remarks:

/s/ Jonathan Dorfman, by power of attorney

** Signature of Reporting Person

09/15/2020

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 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.