SEC Form 4	
FORM	4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
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Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-
1(c). See Instruction 10.

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

OMB APPROVAL									
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OMB Number:	3235-0287								
Estimated average b	ourden								

OMB Number:	3235-0287
Estimated average bur	den
hours per response:	0.5

1. Name and Address of Reporting Person [*] Edwards Carladenise Armbrister	2. Issuer Name and Ticker or Trading Symbol CLOVER HEALTH INVESTMENTS,	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)
Euwarus Carrauenise Armonster	CORP. /DE [CLOV]	Director 10% Owner
(Last) (First) (Middle) C/O CLOVER HEALTH INVESTMENTS, CORP.	3. Date of Earliest Transaction (Month/Day/Year) 01/06/2025	Officer (give title Other (specify below) below)
30 MONTGOMERY STREET	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable
(Street) JERSEY CITY NJ 07302		Line) Form filed by One Reporting Person Form filed by More than One Reporting Person
(City) (State) (Zip)		
Table I - Non-Deriva	tive Securities Acquired, Disposed of, or Benef	icially Owned

1. Ti	itle of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Ansaction de (Instr. 5) 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) 5. Amount of Securities Beneficially Owned Following Reported		Disposed Of (D) (Instr. 3, 4 and 5)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	Amount (A) or (D) Price		Transaction(s) (Instr. 3 and 4)		(11150. 4)	
Cla	ss A Common Stock	01/06/2025		A		60,975(1)	A	\$ <mark>0</mark>	473,227	D	

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

	(e.g., puts, cans, warrants, options, convertible securities)															
1. Title of Derivative Security (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)	Transaction Code (Instr. 8)		on Date, Transaction Code (Instr.		of Deriv Secu Acqu (A) o Dispo of (D (Instr	of Expiration Date A Derivative (Month/Day/Year) S Securities Acquired A) or S Disposed 3		Deriv	int of rities rlying ative rity (Instr.	8. Price of 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. Represents shares of Class A Common Stock underlying an award of time-based restricted stock units (RSUs). The RSUs will vest in full on the first anniversary of January 6, 2025, subject to the Reporting Person's continued service as a director through such vesting date.

Remarks:

/s/Peter J. Rivas as attorneyin-fact for Carladenise Edwards

01/08/2025

** 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 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.