FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
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OMB APPROVAL							
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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

1. Name and A	2. Issuer Name and Ticker or Trading Symbol CLOVER HEALTH INVESTMENTS, CORP. /DE [CLOV]									(Chec	k all applic Directo	. ,		on(s) to Issu 10% O Other (s	vner				
(Last) (First) (Middle) C/O CLOVER HEALTH INVESTMENTS, CORP.						3. Date of Earliest Transaction (Month/Day/Year) 10/31/2023								X	below) Chief Technolo			below)	
3401 MALLORY LANE, SUITE 210 (Street)						4. If Amendment, Date of Original Filed (Month/Day/Year) 11/02/2023							6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person						
FRANKLIN	I TN	3′	7067		Rul	Form filed by More than One Reporting Person Rule 10b5-1(c) Transaction Indication													
(City)	(State	e) (Z	ip)		Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										satisfy the				
		Tab	le I - Noı	n-Deri	vative	Sec	urities	Acq	uired, C	isp	osed of	, or Be	nefic	ially (Owned		,		
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					saction 2A. Deemed Execution Date, if any (Month/Day/Year)		Execution Date, if any		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			5. Amount of Securities Beneficially Owned Following Reported		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	Transact (Instr. 3 a				(111301.4)							
Class A Con	1/2023				A		440,00	00 A	\	\$ <mark>0</mark>	3,093,225			D					
		T:	able II - I (•	,		sed of, o			•	/ned				
Security or Exercise (Month/Day/Year) if any				4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amor of Securities Underlying Derivative Secur (Instr. 3 and 4)		urity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported	ly	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	or Nun	ount nber shares		Transaction (Instr. 4)	лі(8)		

Explanation of Responses:

1. This Form 4/A amends the original Form 4, filed on November 2, 2023, solely to correct the CIK for the Reporting Person. The original Form 4 inadvertently included the Registrant's CIK.

Remarks:

/s/Scott Leffler as attorney-in-11/03/2023 fact for Conrad Wai

** 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.