FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

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

STATEMENT (	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL								
11	OMB Number: 3235-028							
Estimated a	average burd	den						
hours per re	esponse:	0.5						

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

1. Name and Address of Reporting Person*  Reynoso Jamie L.				2. Issuer Name and Ticker or Trading Symbol CLOVER HEALTH INVESTMENTS, CORP. /DE [ CLOV ]									(Chec	k all app Direc	tionship of Reportir all applicable) Director Officer (give title		rson(s) to Is 10% Ov Other (s	wner	
(Last)	(Fir	st) (M	//iddle)	, CORP.	3. Date of Earliest Transaction (Month/Day/Year) 12/15/2023									X	belov	below)  CEO, Medica		below)	,poony
3401 MALLORY LANE, SUITE 210				4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street) FRANKLIN TN 37067												X	X Form filed by One Reporting Person  Form filed by More than One Reporting  Person						
(City) (State) (Zip)					Rul	Rule 10b5-1(c) Transaction Indication													
					Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or E	Benefi	cially	y Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da			Executi y/Year) if any		Deemed cution Date, ny nth/Day/Year)				es Acquired (A) Of (D) (Instr. 3,		4 and Securi Benefi Owned		ties cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) (D)	or Pri	ce		ted action(s) 3 and 4)			(Instr. 4)	
Class A Common Stock 12/15/				12/15/	2023			F		8,691 <sup>(1)</sup> D		\$	0.99	99 2,529,825			D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)  1. Title of Derivative Security  2. Conversion Date (Month/Day/Year)  3. Transaction Date (Execution Date, if any (Month/Day/Year)		ion Date,	4. Transaction Code (Instr. 8)		5. Nu of Deriv Secu Acqu (A) o Dispo of (D' (Instr and 5	rities lired r osed ) r. 3, 4	6. Date Exercisal Expiration Date (Month/Day/Year)		te	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
		Code	v	(A)	(D)			Expiration Date	Title	Amour or Number of Shares	er								

## **Explanation of Responses:**

1. Represents shares of Class A Common Stock that were automatically withheld to cover tax obligations upon the vesting, on December 15, 2023, of 6.25% of the original number of RSUs granted to the Reporting Person on September 16, 2022, and timely reported on a Form 4 filed on September 20, 2022. The remaining RSUs vest quarterly in equal installments of 6.25%, with the final vesting date occurring on September 15, 2026, subject to the continued service of the Reporting Person on each such vesting date.

## Remarks:

/s /Scott Leffler, as attorneyin-fact for Jamie L. Reynoso

12/19/2023

\*\* 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.