SEC For	rm 4

## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

OMB Number: 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).
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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.
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

1. Name and Address of Reporting Person <sup>*</sup> Reynoso Jamie L.			CLO	uer Name <b>and</b> Tick OVER HEAL <u>RP. /DE</u> [ CLC	<u>TH II</u>			(Chec	ationship of Reporting Person(s) to Iss k all applicable) Director 10% Ow Officer (give title Other (sp				
(Last) C/O CLOVER I 30 MONTGOM	(First) HEALTH INVEST ERY STREET	(Middle) F <mark>MENTS,</mark> C		te of Earliest Trans 7/2025	action (I	Month	/Day/Year)			below)	below care Advantag	)	
(Street) JERSEY CITY (City)	NJ (State)	07302 (Zip)	4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)						Individual or Joint/Group Filing (Check Applicable ne)  Form filed by One Reporting Person Form filed by More than One Reporting Person			
	Tab	ole I - Non-	Derivative S	Securities Acq	uired,	Dis	posed of, o	or Ben	eficially	y Owned			
Date		. Transaction Date Month/Day/Year)	Execution Date,		iction Instr.	4. Securities Disposed Of 5)			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	Transaction(s) (Instr. 3 and 4)		(1130.4)	
Class A Commo	n Stock		01/07/2025		F		17,142(1)	D	\$3.6	3,307,254	D		

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

	(e.g., puis, cais, 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)	4. Transa Code ( 8)		of Deriv Secu Acqu (A) of Dispo of (D) (Instr	5. Number of Expiration (Month/Da Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		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 that were automatically withheld to cover tax obligations on January 7, 2025, due to the vesting of the final 25% of the original number of restricted stock units ("RSUs") granted to the Reporting Person on July 16, 2021, and timely reported on a Form 4 filed on July 20, 2021.

**Remarks:** 

/s/Peter J. Rivas as attorneyin-fact for Jamie L. Reynoso

01/10/2025

\*\* 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.