FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

| Name and Address of Reporting Person* Singh Prabhdeep | | | | | | 2. Issuer Name and Ticker or Trading Symbol CLOVER HEALTH INVESTMENTS, CORP. /DE [CLOV] | | | | | | | | (Che | eck all app Direc | , | ng Pers | son(s) to Is 10% O Other (s | wner |
|--|--|--|--|---|--------|---|-----------|------------------------------|---|--------|--|---|-------|--|---|-----------------|--|---|------|
| (Last) (First) (Middle) C/O CLOVER HEALTH INVESTMENTS, CORP. 725 COOL SPRINGS BLVD., SUITE 320 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/08/2021 | | | | | | | | | belov | v) Chief Gro | wth C | below) Officer | |
| (Street) FRANKLIN TN 37067 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line | ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | | | Execution | | Date, | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | Securi Benefi | Amount of curities neficially ned Following | | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | Amount | (A) (D) | or | Price | Transa | ction(s) 3 and 4) | | | (111541.4) | | | | |
| Class A C | 021 | | | | A | | 211,193(1 |) <i>A</i> | 1 | \$0.00 |) 21 | 211,193 | | D | | | | | |
| Class A Common Stock 07/08/2 | | | | | | 2021 | | | A | | 52,798(2) | A | 1 | \$0.00 | 263,991 | | | 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) | | | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Expirat (Month | ion Da | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | estr. | 8. Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficial! Owned Following Reported Transaction (Instr. 4) | y I | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code V | | (A) | (D) | Date Exercisable | | Expiration Date | Amou or Numb of Title Share | | ber | | | | | |

Explanation of Responses:

- 1. Represents shares of Class A common stock underlying a time-based restricted stock unit award ("RSUs"). The RSUs will vest in equal annual installments over four years, beginning on July 6, 2022, subject to the continuous service of the Reporting Person on each vesting date.
- 2. Represents shares of Class A common stock underlying RSUs. The RSUs will vest in full on July 6, 2022, subject to the continuous service of the Reporting Person on such vesting date.

Remarks:

/s/ Gia Lee, as Attorney-in-

** Signature of Reporting Person

07/12/2021

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.