FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

wasnington, D.C. 20549	

washington, D.C. 20049	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287		
	Estimated average bu	urden		

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).

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*     Reynoso Jamie L.					2. Issuer Name <b>and</b> Ticker or Trading Symbol CLOVER HEALTH INVESTMENTS, CORP. /DE [ CLOV ]									(Ch	eck all app Direc	tionship of Reporti all applicable) Director Officer (give title		son(s) to Is	wner
(Last) (First) (Middle) C/O CLOVER HEALTH INVESTMENTS, CORP.						3. Date of Earliest Transaction (Month/Day/Year) 10/31/2023									^ belov	below) Chief Operati		below)	
3401 MALLORY LANE, SUITE 210					4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) FRANK	(Street) FRANKLIN TN 37067													X Form filed by One Reporting Person  Form filed by More than One Reporting  Person				- 1	
(City)	(Sta	ate) (Z	Ľip)		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.												nded to		
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or l	Bene	eficia	lly Own	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day)				Execution Da		ution Date, /				es Acquired (A) Of (D) (Instr. 3,			Benefi Owned	ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						Code	v	Amount	nount (A)		Price	Reported Transaction(s) (Instr. 3 and 4)				(iii3ti. 4)			
Class A Common Stock 10/31/2				2023				A		600,000(1)		A	\$ <mark>0</mark>	0 2,551,083			D		
		Tal									osed of, o				y Owne	d			
1. Title of Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security  Date (Month/Day/Year)   Execution Date, if any (Month/Day/Year)   C C 8)		4. Transa Code ( 8)	(Instr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		rative rities ired r osed )	6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Exercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		ount	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) Or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

## **Explanation of Responses:**

1. Represents shares of Class A common stock underlying a time-based restricted stock unit award ("RSUs"). Fifty percent of the RSUs will vest on the first anniversary of October 31, 2023, and the remaining RSUs will vest in four equal quarterly installments beginning on the date that is three months after the first anniversary of October 31, 2023, in each case subject to the continued service of the Reporting Person on each such vesting date, so that such RSUs will be fully vested on October 31, 2025.

## Remarks:

/s /Scott Leffler as attorney-infact for Jamie L. Reynoso

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.