FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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Washingto	n DC:	20549	

OIVIB APP	PROVAL
OMB Number:	3235-0287
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0.5

hours per response:

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

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-

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(c). S	ee Instructior	10.																		
Name and Address of Reporting Person* SHAPIRO LEE					2. Issuer Name and Ticker or Trading Symbol CLOVER HEALTH INVESTMENTS,									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
				$\overline{\text{CO}}$	CORP. /DE [CLOV]								Director			10% Ov	vner			
(Loch) (First) (Middle)				COMM./BD [CBOV]								Offi belo	cer (give title		Other (s	specify				
` ′	(Last) (First) (Middle) C/O CLOVER HEALTH INVESTMENTS, CORP.					3. Date of Earliest Transaction (Month/Day/Year)									,		,			
			IEN15,	, CORP.	01/0	6/202	25													
30 MONTGOMERY STREET					4 If A	4. If Amondment, Date of Original Filed (Month/Day/Marx)								+	6. Individual or Joint/Group Filing (Check Applicable					
(Ott)					4. If Amendment, Date of Original Filed (Month/Day/Year)									Line)						
(Street)	CITY N		7202		1										▼ For	m filed by On	ie Rep	orting Perso	on	
JEKSET	JERSEY CITY NJ 07302					Form filed by More than One Reporting Person									orting					
(City)	(;	State) (2	Zip)												1 61	3011				
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or	Bene	efici	ally Ow	ned				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					y/Year) Executio		ution Date,				es Acquired (A Of (D) (Instr. 3,			nd Secu Bene	ficially ed Following	Form (D) o	n: Direct or Indirect ostr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A (D	() or ()	Price	Trans	action(s) . 3 and 4)	ion(s)		(mou. 4)	
Class A Common Stock 01/06/2				2025		A		60,975(1)	A	\$0) 5	98,622		D					
		Та									osed of, convertib					ed				
1. Title of Derivative Conversion or Exercise Price of Derivative Security				Transaction of Code (Instr. Derivative		rities lired r osed) : 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		ite	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)			8. Price of Derivative Security (Instr. 5)		ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Nun of	ount nber res						

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 full on the first anniversary of January 6, 2025, subject to the Reporting Person's continued service as a director through such vesting date.

Remarks:

/s/Peter J. Rivas as attorneyin-fact for Lee Shapiro

01/08/2025

** 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.