Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 | |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

| OMB APPROVAL | | | | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|--|--|--|
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| Estimated average burden | | | | | | | | | | |
| hours per response: 0 | | | | | | | | | | |

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* SHAPIRO LEE | | | | | 2. Issuer Name and Ticker or Trading Symbol CLOVER HEALTH INVESTMENTS, CORP. /DE [CLOV] | | | | | | | | | all app Direc | tor | ng Per | 10% O | wner | |
|---|--|---------|--------|---|---|---|---|---------------|--------------|---|--|---|------------------------------|---------------------------------------|--------------------------|----------------------|--|--|---------|
| (Last) | (Fir | rst) (M | Middle |) | | | | | | | | | _ | | below | er (give title v) | | Other (below) | specify |
| C/O CLOVER HEALTH INVESTMENTS, CORP. | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/11/2022 | | | | | | | | | | | | | | | |
| 3401 MALLORY LANE, SUITE 210 | | | | | | | | | | | | | | | | /= | | | |
| (Street) FRANKLIN TN 37067 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | | | |
| , | | | | | | | | | | | | | | | Form Perso | filed by Mo | re thai | n One Rep | orting |
| (City) | (St | ate) (Z | Zip) | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye | | | | /ear) | Execution Date | | · / | Code (Instr. | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a | | | and 5) Secu Bene | | cially I Following | Form (D) o | vnership n: Direct r Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Transa | iction(s) 3 and 4) | | | (111341. 4) | |
| Class A Common Stock 03/11/202 | | | | 22 | P 80,000 A \$3.1009 ⁽¹⁾ 107,100 | | 7,100 | | D | | | | | | | | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any | | | | | ransaction of ode (Instr. Deriva | | vative irities iired r osed) r. 3, 4 | Expii (Mon | ration | rcisable and Date //Year) | 7. Title Amou Secur Under Deriva Secur 3 and | int of ities rlying ative ity (Instr. | Der Sec (Ins | rice of ivative urity tr. 5) | derivative Securities | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exer | cisable | Expiration Date | Title | or Number of Shares | | | | | | |

Explanation of Responses:

1. The reported price in Column 4 is a weighted average purchase price. These shares were purchased in multiple transactions at prices ranging from \$3.085 to \$3.14 per share. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth in this footnote.

Remarks:

/s/ Jamie L. Reynoso, as 03/15/2022 Attorney-in-Fact

** 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.