FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

wasiiiigtoii,	D.C. 20049	

Washington, D.C. 20049	OMB APPI	ROVAL
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287
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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).

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 10b5Filed 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 Instruction 1	0.																	
Name and Address of Reporting Person*  The Area decreases.					2. Issuer Name <b>and</b> Ticker or Trading Symbol CLOVER HEALTH INVESTMENTS,  5. Relationship of Reporting Person(s) to Issuer (Check all applicable)														
Toy Andrew				CORP. /DE [ CLOV ]								✓ Dire	Director		10% Ov	vner			
(Last)	Last) (First) (Middle)					COM. IDD ( CBOV )							Office below	er (give title w)		Other (s below)	specify		
` ′	,	LTH INVESTM	,	CORP	3. Date of Earliest Transaction (Month/Day/Year)								Chief Executive Officer						
3401 MALLORY LANE, SUITE 210				11/08/2024															
5 101 IVII	LELOKT L				4. If Amendment, Date of Original Filed (Month/Day/Year)								6	6. Individual or Joint/Group Filing (Check Applicable					
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual of John/Group Filing (Check A) Line)									·				
FRANK	LIN TN	J 3	7067													n filed by On			
															Form filed by More than One Reporting Person				
(City)	(St	ate) (Ž	<u>Z</u> ip)												. 0.0				
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired	, Dis	posed of	, or	Bene	eficia	ally Owr	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day						Execution Date		Date,	Transaction Disposed O Code (Instr. 5)		es Acquired (A) Of (D) (Instr. 3, 4			d Secur Benef	icially d Following	Form:	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										v	Amount	(A (D	) or	Price	Trans	action(s) 3 and 4)			
Class A Common Stock 11/08/2					2024			F		85,367(1	)	D	\$3.4	11,	627,782		D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of	2.	3 Transaction		· • · ·	4.	,			•						8. Price of	9. Number	of 1	0.	11. Nature
Derivative Security (Instr. 3)	erivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) of Dispo	erivative curities equired ) or sposed (D) str. 3, 4		tion Da	ate Ai Year) Se Ui De Se		7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		Derivative Security (Instr. 5)	derivative Securities Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y D	o. Dwnership Form: Direct (D) or Indirect I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	or Nun of						

## **Explanation of Responses:**

1. Represents shares of Class A Common Stock that were automatically withheld to cover tax obligations upon the vesting, on November 8, 2024, of 6.25% of the original number of time-based restricted stock units ("RSUs") granted to the Reporting Person on August 8, 2022, and timely reported on a Form 4 filed on August 10, 2022. The remaining RSUs vest quarterly in equal installments of 6.25%, with a final vesting date occurring on August 8, 2026, subject to the continued service of the Reporting Person on each such vesting date.

## Remarks:

/s/Peter J. Rivas as attorneyin-fact for Andrew Toy

11/12/2024

\*\* 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.