FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL 3235-0287 Estimated average burden

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)

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

Name and Address of Reporting Person* Toy Andrew						2. Issuer Name and Ticker or Trading Symbol CLOVER HEALTH INVESTMENTS, CORP. /DE [CLOV]									ck all app	tor	ng Per	10% Ov	ner	
(Last)	(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year)									•	belov	,		Other (s below)	pecity	
C/O CLOVER HEALTH INVESTMENTS, CORP.						07/01/2024									Chief Executive Officer					
3401 MALLORY LANE, SUITE 210						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)													V	Form filed by One Reporting Person						
, ,	RANKLIN TN 37067													Form filed by More than One Reporting Person				orting		
(City) (State) (Zip)					Rul	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.															
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day						Exec if any	eemed ution Date, / th/Day/Year)		3. Transaction Code (Instr. 8) 4. Securitie Disposed C 5)			s Acquired (A) of (D) (Instr. 3, 4		A) or , 4 and		ties cially I Following	Form (D) o	n: Direct or Indirect ostr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A)	or	Price	Report Transa (Instr.	orted saction(s) tr. 3 and 4)			(Instr. 4)	
Class A Common Stock 07/01/2					2024				F 308,341 ⁽¹⁾		1)]	D	\$1.2		,196,029		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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed iion Date, n/Day/Year)	Date, Transact Code (In				6. Date Exercis Expiration Dat (Month/Day/Ye		ite	7. Title and Amount of Securities Underlying Derivative Security (I 3 and 4)		S (I	Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	,	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
		Code		v	(A)	(D)			Expiration Date	Title	Amo or Num of Shar	ber								

Explanation of Responses:

1. Represents shares of Class A Common Stock that were automatically withheld to cover tax obligations on July 1, 2024, due to the vesting of 6.25% of the original number of restricted stock units (RSUs) granted to the Reporting Person on January 1, 2023, and timely reported on a Form 4 filed on January 4, 2023. The remaining RSUs vest quarterly in equal installments of 6.25%, with the final vesting date occurring on January 1, 2027, 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

07/03/2024

** 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.