FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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	OMB APPROVAL										
ı											
l	OMB Number:	3235-0287									
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	Check this box if no longer subject
\neg	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* Wai Conrad						2. Issuer Name and Ticker or Trading Symbol CLOVER HEALTH INVESTMENTS, CORP. /DE [CLOV]							5.	(Chec	k all app Direc	licable)	ing Person(s) to 10% O Other (vner
(Last) (First) (Middle) C/O CLOVER HEALTH INVESTMENTS, CORP.					3. Date of Earliest Transaction (Month/Day/Year) 06/14/2023									X	belov	v) ``		below) gy Officer	
3401 MALLORY LANE, SUITE 210						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicabl Line)					
(Street) FRANKLIN TN 37067														Х	X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(City) (State) (Zip)					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.										ended to			
		Table	I - No	n-Deriva	tive S	ecui	ities	Acc	uired,	Dis	posed of	, or I	Benefi	iciall	y Owr	ned			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)					Execution Da		ution Date, /					es Acquired (A Of (D) (Instr. 3,		s, 4 and Sec Ber Ow		i. Amount of Securities Beneficially Dwned Following		m: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
								Code	v	Amount	(A)	or Pri	ice		rted action(s) . 3 and 4)				
Class A Common Stock 06/14/20						2023			F		86,763(1)		D \$	0.94 2,		,749,311		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)	titive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		Secu Acqu (A) or Dispo	mber Expi (Mor vivative curities quired or posed D) str. 3, 4		. Date Exercisable and xpiration Date Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		Dei Sed (Ins	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	e de la companya de l	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	\ \v	(A)	(D)	Date Exercisable		Expiration Date	Title	or Numbe of	er					

Explanation of Responses:

1. Represents shares of Class A Common Stock that were automatically withheld to cover tax obligations upon the vesting, on June 16, 2023, of 6.25% of the original number of time-based restricted stock units ("RSUs") granted to the Reporting Person on March 14, 2022. The remaining RSUs will vest quarterly in equal installments of 6.25%, with the final vesting date occurring on March 17, 2026, subject to the continued service of the Reporting Person on each such vesting date.

> /s/ Scott Leffler as attorneyin-fact for Conrad Wai

06/16/2023

Date

** Signature of Reporting Person

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.