FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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OMB APPROVAL											
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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).

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. Name and Address of Reporting Person* Turner Nathaniel S.				<u> </u>	2. Issuer Name and Ticker or Trading Symbol CLOVER HEALTH INVESTMENTS, CORP. /DE [CLOV]							ationship of k all applical Director Officer (g below)	ole)	Persor	10% Ow Other (sp	ner		
(Last) (First) (Middle) C/O CLOVER HEALTH INVESTMENTS, CORP. 725 COOL SPRINGS BLVD., SUITE 320					3. Date of Earliest Transaction (Month/Day/Year) 01/07/2021								below)			below)		
(Street) FRANKLIN TN 37067 (City) (State) (Zip)						·		f Original Fil			,	nofici	Line) X	Form file	d by One	Report	Check Applicing Person One Reporti	
Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Transact te			3. 4. Securit Disposed Code (Instr.		urities Acquired (A) or ed Of (D) (Instr. 3, 4 a		r and 5)	5. Amount Securities Beneficially Owned Fol Reported Transactio (Instr. 3 and	Form (D) or (I) (In on(s)		Direct II Indirect E tr. 4) C	. Nature of ndirect eneficial lwnership nstr. 4)		
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)	3A. Deemed Execution Date, if any (Month/Day/Year	4. Transa Code (8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title an Securities Derivative (Instr. 3 a	Underl	ying	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable		piration ate	Title	Amoui Numbe Shares	er of		(Instr. 4)	ion(s)		
Class B Common Stock	(1)	01/07/2021		A		2,565,954		(1)		(1)	Class A Common Stock	2,565	5,954	(2)	2,565,9	954	I	Held by Multiple Holdings, LLC ⁽³⁾

Explanation of Responses:

- 1. The Class B Common Stock will be convertible into shares of Class A Common Stock on a one-to-one basis at the option of the holders of the Class B Common Stock at any time upon written notice to the Issuer. In addition, the Class B Common Stock will automatically convert into shares of Class A Common Stock immediately prior to the close of business on the earliest to occur of certain events specified in the Issuer's Amended and Restated Certificate of Incorporation.
- 2. Received in connection with the Issuer's business combination (the "Business Combination") with Clover Health Investments, Corp. ("Legacy Clover") in accordance with the terms of the Agreement and Plan of Merger dated as of October 5, 2020, among the Issuer (f/k/a Social Capital Hedosophia Holdings Corp. III), Asclepius Merger Sub Inc., and Legacy Clover, as amended by that certain Amendment to the Agreement and Plan of Merger, dated as of December 8, 2020, in exchange for 1,330,273 shares of common stock of Legacy Clover.
- 3. The Reporting Person is a partner in Multiple Holdings, LLC and may be deemed to share voting power and dispositive power over the shares held by Multiple Holdings, LLC.

Remarks:

/s/ Gia Lee, as Attorney-in-Fact 01/11/2021

** 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.