Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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* Priest Brady Patrick						2. Issuer Name and Ticker or Trading Symbol CLOVER HEALTH INVESTMENTS, CORP. /DE [CLOV]									neck all app Direc	,	ng Per	son(s) to Is 10% Ov Other (s	vner
(Last)	(Fir	st) (M	Middle)	, CORP.		3. Date of Earliest Transaction (Month/Day/Year) 10/31/2023									X below	,	below) Home Care		
3401 MALLORY LANE, SUITE 210					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) FRANKLIN TN 37067															X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(St	ate) (ž	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.													
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	, Dis	posed of	, or I	Bene	ficia	ally Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Exec y/Year) if any		Deemed cution Date, y nth/Day/Year)		3. Transaction Code (Instr. 8) 4. Securities A Disposed Of (5)			s Acquired (A) of (D) (Instr. 3, 4		A) or 3, 4 an	Benefi Owned	ties cially I Following	Form (D) o	n: Direct or Indirect ostr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A (D	() or	Price	Transa	Reported (Inst Transaction(s) (Instr. 3 and 4)			
Class A C	Common St	ock		10/31/2	2023				A		440,000	1)	A	\$0	\$0 1,969,061 D			D	
		Tal	ole II -								osed of, convertib					d			
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	ion Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercis Expiration Date (Month/Day/Yea		ite	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amo or Num of Shar	ber					

Explanation of Responses:

1. Represents shares of Class A common stock underlying a time-based restricted stock unit award ("RSUs"). Fifty percent of the RSUs will vest on the first anniversary of October 31, 2023, and the remaining RSUs will vest in four equal quarterly installments beginning on the date that is three months after the first anniversary of October 31, 2023, in each case subject to the continued service of the Reporting Person on each such vesting date, so that such RSUs will be fully vested on October 31, 2025.

Remarks:

/s/ Jamie L. Reynoso as attorney-in-fact for Brady **Priest**

** Signature of Reporting Person

10/31/2023

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.