FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

| | OMB Number: | 3235-0287 |
|---|----------------------|-----------|
| | Estimated average bu | rden |
| l | hours per response: | 0.5 |

| Instruction 1(b |). | Filed | I pursuant to Section 16(a) of the Securities Exchange Act of 193 or Section 30(h) of the Investment Company Act of 1940 | 34 |
|---|---------------|------------------------|---|---|
| 1. Name and Address of Reporting Person* Reynoso Jamie L. (Last) (First) (Middle) | | ng Person* (Middle) | 2. Issuer Name and Ticker or Trading Symbol <u>CLOVER HEALTH INVESTMENTS</u> , <u>CORP. /DE</u> [CLOV] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) below) |
| | HEALTH I | NVESTMENTS, CORP. | 3. Date of Earliest Transaction (Month/Day/Year) 03/14/2022 | Chief Operating Officer |
| (Street) FRANKLIN (City) | TN (State) | 37067 (Zip) | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person |
| | | Table I - Non-Deriva | ative Securities Acquired. Disposed of, or Bene | eficially Owned |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | 4. Securities A Disposed Of (5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Ownership |
|---------------------------------|--|---|------------------------------|---|--|---------------|-------------------|---|---|------------|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Class A Common Stock | 03/14/2022 | | A | | 510,948(1) | Α | \$ <mark>0</mark> | 747,539 | D | |

| | | Ta | ble II - Derivat (e.g., թւ | | | | | ired, Disp options, d | | | | | 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) | 4. Transa Code (8) | | 5. Number of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | d 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 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 | Amount or Number of Shares | | | | |

Explanation of Responses:

1. Represents shares of Class A common stock underlying a time-based restricted stock unit award ("RSUs"). Twenty-five percent of the RSUs will vest on the first anniversary of March 14, 2022, and the remaining RSUs will vest in twelve equal quarterly installments beginning on the date that is three months after the first anniversary of March 14, 2022, in each case subject to the continued service of the Reporting Person on each such vesting date.

Remarks:

/s/Andrew Toy, as Attorneyin-Fact

03/16/2022

** 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.