FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL	OWNERSHIP

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

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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* Soares Karen					2. Issuer Name and Ticker or Trading Symbol CLOVER HEALTH INVESTMENTS, CORP. /DE [CLOV]								(Chec	ationship of Reporti (all applicable) Director Officer (give title		10% O		wner	
(Last)	(Fii	rst) (M	۸iddle) ENTS,	, CORP.		3. Date of Earliest Transaction (Month/Day/Year) 11/14/2023								X	below	below)		below) el & Secretary	
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)	LIN TN	1 3	7067											X	X Form filed by One Reporting Pe Form filed by More than One R Person				
(City)	(St	ate) (Z	Ľip)		Rule 10b5-1(c) Transac						tion Indi	catio	on						
					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 E	Benef	ficiall	y Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Execution y/Year) if any			ution Date,		Transaction Disposed (Code (Instr. 5)		ties Acquired (A d Of (D) (Instr. 3,			Securit Benefic Owned	Amount of curities neficially ned Following		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) (D)	or P	rice		action(s) 3 and 4)			(Instr. 4)
Class A Common Stock 11/			11/14/2	/2023				F		5,079(1)) 5	\$1.01	1 1,004,412			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)	Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any		4. Transaction Code (Instr. 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 and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ow For Dire or I (I) (10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
			Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amou or Numb of Share	oer							

Explanation of Responses:

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

Remarks:

/s/Peter J. Rivas as attorneyin-fact for Karen M. Soares

11/16/2023

** 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.