FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DС	20549
rvasiliigion,	D.C.	20040

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).

Instruc	ction 1(b).			Filed							ities Exchang		f 1934			Tiours	s per respor	Se.	0.5	
Name and Address of Reporting Person*     Loengard Anna U					2. Iss <u>CL</u>	2. Issuer Name and Ticker or Trading Symbol  CLOVER HEALTH INVESTMENTS,  CORP. /DE [ CLOV ]										o of Reporti licable) tor		10% O	wner	
(Last)	(Fir	, , ,				3. Date of Earliest Transaction (Month/Day/Year) 03/14/2024									Office below	er (give title v)	e Other (sp below)		specify	
C/O CLOVER HEALTH INVESTMENTS, CORP. 3401 MALLORY LANE, SUITE 210					4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) FRANK	LIN TN	IN TN 37067													X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(St	ate) (2	Zip)		l <sub></sub> ,	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	l - No	on-Deriva	tive	Secui	rities	Acq	uired	l, Dis	sposed of	, or E	Benefi	ciall	y Own	ed				
1. Title of Security (Instr. 3)			2. Transacti Date (Month/Day		Execut		·	3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)				nnd Securities Beneficially Owned Followin		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		Ownership		
								Code	v	Amount	(A) o (D)	r Pric	е	Reporte Transa (Instr. 3	ction(s)			Instr. 4)		
Class A	Common St	ock		03/14/2	024				P		137,000	A	\$0.	73(1)	53	8,841	D			
Class A (	Class A Common Stock													10	),000	I	!	By Spouse IRA		
Class A Common Stock													1,300		I	I				
Class A Common Stock		03/14/2024				P		13,625	A	\$(	0.73	15,125		I	i i	By Daughter in a Custodial Account				
		Та	ble II								oosed of, o				Owne	d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	conversion research (Month/Day/Year) Executif any (Month/Day/Year) (Month/Day/Year)		Execution Date, if any		4. Transaction Code (Instr. 8)		nber itive ities red sed 3, 4	6. Date Exer Expiration D (Month/Day/		cisable and	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. De Se (In	erivative ecurity estr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	Ownersh Form: Direct (D) or Indirect (I) (Instr.	n: ct (D) direct	11. Nature of Indirec Beneficial Ownershi (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amour or Number of Shares	r						

## **Explanation of Responses:**

1. The price reported in Column 4 is a weighted average purchase price. These shares were purchased on the Transfer Date in multiple transactions at prices ranging from \$0.73 to \$0.74 per share. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth in this footnote.

## Remarks:

/s/Peter J. Rivas as attorneyin-fact for Anna U. Loengard

03/18/2024

\*\* 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.