FORM 4

to Section 16. Form 4 or Form 5 obligations may continue. See

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549
vacinington,	D.O.	_00.0

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject

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

	tion 1(b).	nuc. Sec		Filed	pursua or Se	ant to Section 3	Section 30(h) o	16(a) of the li	of the S	Securit ent Co	ies Exchang mpany Act o	e Act o f 1940	f 1934		nours	s per respo	onse:	0.5	
1. Name and Address of Reporting Person*  Martin Joseph Richards					2. Issuer Name and Ticker or Trading Symbol CLOVER HEALTH INVESTMENTS, CORP. /DE [ CLOV ]									S. Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director 10% Owner     Officer (give title Other (specify)					
(Last)	3. Date of Earliest Transaction (Month/Day/Year) 03/14/2023									X Onice (give title Other (specify below)  General Counsel									
3401 LO	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)	(S	tate) (2	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	l - No	n-Deriva	tive S	Secu	rities	Acq	uired	, Dis	posed of	, or B	enefic	ially Ow	ned				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Date)			Execut iy/Year) if any		ution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			nd Secu Bene Own	nount of rities ficially ed Following	6. Owner Form: D (D) or Ir (I) (Insti	Direct ndirect r. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) (D)	or Price	Tran	Reported Fransaction(s) Instr. 3 and 4)			(Instr. 4)		
Class A (	Common S	ock		03/14/2	2023				F		283,091(1	() [	\$0	\$0.93 2,817,684 D					
		Та	ble II -								osed of, convertib				ed				
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, Trans Code Security or Exercise (Month/Day/Year)		Execut if any	ition Date, Transa Code (					6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. Price of Derivative Security (Instr. 5)		Ow Fo Dir or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
			I	1	ı	1		I	ı I	Number	1	1	- 1		1				

## **Explanation of Responses:**

1. Represents shares of the Issuer's Class A Common Stock that were automatically withheld by the Issuer to cover the Reporting Person's tax obligations upon the vesting, on March 14, 2023, of 25% of the original number of time-based restricted stock units ("RSUs") granted to the Reporting Person on March 14, 2022, and timely reported on a Form 4 filed on March 15, 2022. The remaining RSUs vest in twelve equal quarterly installments beginning on the date that is three months after March 14, 2023, in each case subject to the continued service of the Reporting Person on each such vesting date.

/s/ Joseph R. Martin

04/26/2023

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.