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

## **ENT OF CHANGES IN BENEFICIAL OWNERSHIP**

OMB APPROVAL							
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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 ]								(Che	ck all app Direc	,	ng Per	son(s) to Is  10% Ov  Other (s	/ner	
(Last)	(Fir	st) (f	Middle)	, CORP.	3. Date of Earliest Transaction (Month/Day/Year) 12/15/2023								- X	below	<i>ı</i> ) ``	sel &	below) & Secretary		
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)	LIN TN	I 3	7067									X	X Form filed by One Reporting Person  Form filed by More than One Reporting  Person						
(City)	(St	ate) (Z	Zip)		Rul	e 10	)b5-	1(c)	Tran	sac	tion Indi	icati	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	Secu	rities	Acq	uired,	Dis	posed of	, or E	Bene	ficial	ly Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da			Exec y/Year) if any		Deemed cution Date, ny nth/Day/Year)		3. 4. Securities Disposed O Code (Instr. 8)			es Acqı Of (D) (	uired (A Instr. 3	A) or , 4 and		ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	t (A) or (D)		Price	Report Transa (Instr. 3	ed ction(s) 3 and 4)			(Instr. 4)
Class A C	Class A Common Stock 12/			12/15/2	2023		F		4,361(1)	I	)	<b>\$</b> 0.99	1,0	1,000,051		D			
		Tal									osed of, o				Owne	d			
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution I Security or Exercise (Month/Day/Year) if any		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 Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		D S (I	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owne Form Direct or Ind (I) (Ins	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	ber					

## **Explanation of Responses:**

1. Represents shares of Class A Common Stock that were automatically withheld to cover tax obligations upon the vesting, on December 15, 2023, of 6.25% of the original number of time-based restricted stock units ("RSUs") granted to the Reporting Person on September 15, 2022. The remaining RSUs vest quarterly in equal installments of 6.25%, with a final vesting date occurring on September 15, 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

12/19/2023

\*\* 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.