FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D C	20540
wasiiiigton,	D.C.	20049

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).

	tion 1(b).	iue. See						a) of the Secu Investment (			934		nours pe	er respo	nse:	0.5
1. Name and Address of Reporting Person* <u>Clinton Chelsea</u>				<u> </u>	2. Issuer Name and Ticker or Trading Symbol CLOVER HEALTH INVESTMENTS, CORP. /DE [ CLOV ]					(Che	ck all applic Director	able)	g Person(s) to Issue			
(Last)	(F	irst)	(Middle)	_ [								Officer below)	(give title		Other (sp below)	pecify
` '	,	LTH INVESTM	,		Date 0		Trans	saction (Mont	h/Day/Year)							
725 COC	OL SPRING	SS BLVD., SUIT	E 320	L												
(Street)	LIN T	N	37067	4						Line	Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	state)	(Zip)													
		Та	ble I - Non-De	rivati	ve Se	curities	s Ac	quired, D	isposed	of, or Be	neficially	Owned				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D				•	Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr. 8)			str. 3, 4 and 5	Beneficia Owned For Reported	s F illy (I ollowing (I	orm: D	r Indirect E str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code V	Amoun	(A) o (D)	r Price		Transaction(s) (Instr. 3 and 4)			
			Table II - Der (e.g					uired, Dis s, options				Owned				
Derivative Conversion Date		ercise (Month/Day/Year) if any Code (Ins of ative (Month/Day/Year) 8)					ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	y O Fo O (I)	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		(Instr. 4)	1(3)	"	
Stock Options (right to buy)	\$1.26	01/07/2021		A		499,390		(1)	02/07/2027	Class B Common Stock <sup>(2)</sup>	499,390	(3)	499,390		D	
Stock Options (right to	\$8.42	01/07/2021		A		186,300		(4)	10/29/2030	Class B Common Stock <sup>(2)</sup>	186,300	(5)	186,300		D	

## Explanation of Responses:

- 1. 100% of the stock option is immediately exercisable. The stock option vests as to 1/5th of the total number of shares in equal annual installments beginning on January 31, 2018, subject to the continuous service of the Reporting Person on each vesting date.
- 2. The Class B Common Stock will be convertible into shares of Class A Common Stock on a one-to-one basis at the option of the holders of the Class B Common Stock at any time upon written notice to the Issuer. In addition, the Class B Common Stock will automatically convert into shares of Class A Common Stock immediately prior to the close of business on the earliest to occur of certain events specified in the Issuer's Amended and Restated Certificate of Incorporation.
- 3. Received in connection with the Issuer's business combination (the "Business Combination") with Clover Health Investments, Corp. ("Legacy Clover") in accordance with the terms of the Agreement and Plan of Merger dated as of October 5, 2020, among the Issuer (f/k/a Social Capital Hedosophia Holdings Corp. III), Asclepius Merger Sub Inc., and Legacy Clover, as amended by that certain Amendment to the Agreement and Plan of Merger, dated as of December 8, 2020, in exchange for options to acquire 241,476 shares of common stock of Legacy Clover for \$2.61 per share.
- 5. Received in connection with the Business Combination in exchange for options to acquire 90,084 shares of common stock of Legacy Clover for \$17.42 per share.

## Remarks:

/s/ Gia Lee, as Attorney-in-Fact 01/11/2021

\*\* Signature of Reporting Person

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.