Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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

Washington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  Toy Andrew						2. Issuer Name and Ticker or Trading Symbol CLOVER HEALTH INVESTMENTS, CORP. /DE [ CLOV ]									heck all app	ationship of Reporting all applicable)  Director		10% Ov	wner
(Last)	(Last) (First) (Middle) C/O CLOVER HEALTH INVESTMENTS, CORP.					3. Date of Earliest Transaction (Month/Day/Year) 02/08/2024									^ belov	Officer (give title below)  Chief Exec		Other (s below) Officer	specify
3401 MALLORY LANE, SUITE 210					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicab Line)						
(Street) FRANKLIN TN 37067														X Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
(City)	(St	ate) (2	<b>Z</b> ip)		Rul	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	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or l	Ben	efici	ally Own	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Date)					Execution		Date,	3. Transaction Code (Instr 8)						nd Securit Benefit Owned	ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A (D	) or ))	Price		er. 3 and 4)			(Instr. 4)
Class A Common Stock 02/08/2				2024			F		85,367(1	7 <sup>(1)</sup> D		\$1	10,898,078			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 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 (Inst 3 and 4)		,	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e s lly	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	or Nur of	ount mber ires					

## **Explanation of Responses:**

1. Represents shares of Class A Common Stock that were automatically withheld to cover tax obligations upon the vesting, on February 8, 2024, of 6.25% of the original number of time-based restricted stock units ("RSUs") granted to the Reporting Person on August 8, 2022, and timely reported on a Form 4 filed on August 10, 2022. The remaining RSUs vest quarterly in equal installments of 6.25%, with a final vesting date occurring on August 8, 2026, subject to the continued service of the Reporting Person on each such vesting date.

## Remarks:

/s/Peter J. Rivas as attorneyin-fact for Andrew Toy

02/12/2024

\*\* 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.