FORM 4

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

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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STATEMENT 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* Loengard Anna U				<u>CL</u>	2. Issuer Name and Ticker or Trading Symbol CLOVER HEALTH INVESTMENTS, CORP. /DE [CLOV]									Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last)	(Fir	,	Middle)	CORP		3. Date of Earliest Transaction (Month/Day/Year) 05/16/2024									Office below	er (give title /)	Othe belo	er (specify w)		
C/O CLOVER HEALTH INVESTMENTS, CORP. 3401 MALLORY LANE, SUITE 210					4. If /	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Che Line)											•			
(Street) FRANK	Street) FRANKLIN TN 37067															X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip)				l_	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															
			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.																	
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3,) or 5. Amo 4 and Securit Benefic Owned		unt of ies ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership						
							Code	v	Amount	(A) o (D)	r _P	rice	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)				
Class A C	Common St	ock													53	8,841	D			
Class A C	Common St	ock													10	,000	I	By Spouse IRA (1)		
Class A Common Stock			05/17/2024					P		10,000	A	!	\$0.93	0.93 10,000		I	By Spouse IRA (2)			
Class A Common Stock															1,	,300	I	By Son in a Custodial Account		
Class A Common Stock 05/16/				05/16/2	2024				P		15,600	A	,	\$0.96	15	,600	Ι	By Son IRA		
Class A Common Stock														1,	,500	Ι	By Daughter in a Custodial Account			
Class A Common Stock 05/16/2				024				P		1,485	A	;	\$0.94	0.94 15,110		I	By Daughter IRA			
		Та	ble II -								osed of, o				Owne	d				
1. Title of Derivative Security (Instr. 3)			Execut if any	Execution Date, if any		4. Transaction Code (Instr. 8)		mber ative rities ired sed	6. Date Exerc Expiration Day/Y		ite	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form: Direct (I or Indire (I) (Instr	Beneficial Ownership oct (Instr. 4)		
					Code	v	V (A) (D)		Date Exercis	sable	Expiration Date									

Remarks:

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

05/20/2024

** 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.