FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549	
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OMB APPROVAL											
OMB Number:	3235-0287										

	Check this box if no longer subject to
1	Section 16. Form 4 or Form 5
	obligations may continue. See
	Instruction 1(h)

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL
OMB Number:	3235-0287
Estimated average	burden
hours per response	: 0.5

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative

1. Name and Address of Reporting Person* Tran Thomas L				<u> </u>	2. Issuer Name and Ticker or Trading Symbol CLOVER HEALTH INVESTMENTS, CORP. /DE [CLOV]							(Ch	eck all app Direct Office	ationship of Reporti k all applicable) Director Officer (give title		10% O	Owner (specify		
(Last) (First) (Middle) C/O CLOVER HEALTH INVESMENTS, CORP 30 MONTGOMERY STREET					3. Date of Earliest Transaction (Month/Day/Year) 01/06/2025								belov		below)				
(Street) JERSEY (City)	CITY N		7302 Zip)	4	4. If A	mend	ment,	Date o	f Origina	al Filed	d (Month/Da	y/Yea	r)	Line	e) Form	r Joint/Grou I filed by On I filed by Mo In	e Rep	orting Pers	on
			I - Non-Der						1	Dis	1								
1. Title of Security (Instr. 3) 2. Trans Date (Month/				ay/Year) 2A. Deemed Execution Da if any (Month/Day/Y		cution Date, To		Transaction Disposed Of Code (Instr. 5)		ies Acquired (A Of (D) (Instr. 3,			5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A (D	() or ()	Price	Transa	ction(s) 3 and 4)			(1130.4)	
Class A C	Common S	tock	01/	06/20	2025			A		60,975(1)	A	\$ <mark>0</mark>	100,664		D			
		Tal	ble II - Deriv (e.g.,								osed of, convertib				y Owne	d			
Derivative Conversion Date Executive Or Exercise (Month/Day/Year) if an		3A. Deemed Execution Date if any (Month/Day/Ye	e, Tr Co	4. Transaction Code (Instr. 8)		of Deriv	r osed) r. 3, 4	Expiration Da (Month/Day/Y		te	7. Title and Amount of Securities Underlying Derivative Security (In 3 and 4)			3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirec Beneficia Ownershi (Instr. 4)	
				Cod		v	(A)	(D)	Date Expira		Expiration Date	Title	Amo or Num of Shar	ber					

Explanation of Responses:

1. Represents shares of Class A Common Stock underlying an award of time-based restricted stock units (RSUs). The RSUs will vest in full on the first anniversary of January 6, 2025, subject to the Reporting Person's continued service as a director through such vesting date.

Remarks:

/s/Peter J. Rivas as attorneyin-fact for Thomas L. Tran

01/08/2025

** 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.