FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB	<b>APP</b>	RO\	/AL

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

						or Sect	tion 30	O(h) of the	Invest	ment C	Company Act	of 1940							
1. Name and Address of Reporting Person*  Whaley Dawn						2. Issuer Name and Ticker or Trading Symbol Sharecare, Inc. [ SHCR ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director 10% Owner					
(Last)	(F ARECARE,	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 07/11/2024								Officer (give title Other (specify below)  President, CMO					
255 E. PACES FERRY RD. NE, SUITE 700				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)	ГА G	A	30305			Form filed by One Reporting Person  Form filed by More than One Reporting  Person													
(City)	(S	State)	(Zip)		_ F	Rule 10b5-1(c) Transaction Indication													
						Che the a	ck this affirma	box to ind tive defens	icate tha se condi	at a trar tions of	saction was n Rule 10b5-1(	nade pursua c). See Inst	ant to a cont ruction 10.	ract, instruction	or writte	en plan that	is intended	to satisfy	
		Та	ble I - N	lon-De	rivati	ve Se	cur	ities Ac	quire	ed, D	isposed o	of, or Be	eneficial	ly Owned					
Date			Date	2. Transaction Date (Month/Day/Year)		Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an 5)			5. Amount of Securities Beneficially Owned Follo		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price	Reported Transaction(s (Instr. 3 and			(Ins	tr. 4)		
Common Stock			07/11	/2024	024					297,619	A	(1)	1,151,003 D						
Common Stock		07/11/2024					F		6,994	D	\$1.37	1,144,009		D					
Common Stock												959,756		I N		Arnold edia oup,			
Common Stock												551,193		I Ma		Queen B nily nagement mpany, LP <sup>(2)</sup>			
			Table I								posed of converti			Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Executio if any	3A. Deemed Execution Date, if any (Month/Day/Year)		action (Instr.			6. Date Exerc Expiration D (Month/Day/		ate	7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficia Ownershi (Instr. 4)	
					Code	v	(A) (D)		Date Exercisable		Expiration Date	Title	Amount or Number of Shares			ransaction(s) Instr. 4)			
Restricted Stock	(1)	07/11/2024			М			297,619	(	1)	(1)	Common	297,619	\$0	3,2	73,820	D		

## Explanation of Responses:

- 1. On June 14, 2024, Reporting Person was granted 3,571,439 Restricted Stock Units ("RSUs"), which vested from 2024 2026 in twelve equal installments. 1/12 of the RSUs vested on the grant date and were settled on July 11, 2024 (6,994 of which were withheld by issuer to cover the required withholding taxes of RSUs). RSUs converted into common stock ("Common Stock") of Sharecare, Inc. (the "Company") on a
- 2. The reporting person is the beneficial owner and has sole voting and investment power over the securities reported herein held by this entity.

## Remarks:

/s/ Christie J. Miller, Attorneyin-Fact for Reporting Person

07/15/2024

\*\* 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.