

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

1. Name and Address of Reporting Person* <u>Claritas Irby Partners II, LLC</u> _____ (Last) (First) (Middle) 30 BURTON HILLS BOULEVARD SUITE 100 _____ (Street) NASHVILLE TN 37215 _____ (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 07/01/2021	3. Issuer Name and Ticker or Trading Symbol <u>Sharecare, Inc. [SHCR]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director _____ 10% Owner _____ Officer (give title below) <input checked="" type="checkbox"/> Other (specify below) Affiliate of 10% Owner	5. If Amendment, Date of Original Filed (Month/Day/Year) _____ 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person _____ <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	118,365	D	

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Stock Option (Right to Buy)	07/01/2021	05/06/2026	Common Stock	35,629	1.05	I	By Claritas Capital Management Services, Inc.

1. Name and Address of Reporting Person* <u>Claritas Irby Partners II, LLC</u> _____ (Last) (First) (Middle) 30 BURTON HILLS BOULEVARD SUITE 100 _____ (Street) NASHVILLE TN 37215 _____ (City) (State) (Zip)

1. Name and Address of Reporting Person* <u>Claritas Capital Management Services, Inc.</u> _____ (Last) (First) (Middle) 30 BURTON HILLS BOULEVARD SUITE 100 _____ (Street)
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NASHVILLE TN 37215

(City) (State) (Zip)

Explanation of Responses:

Remarks:

This Form 3 is the third of three Form 3s filed sequentially that reflect ownership in Sharecare, Inc. (SHCR) by entities controlled by John H. Chadwick, a director of the issuer. The reporting persons are filing three Forms 3 because the SEC's filing system does not allow more than 10 signatures on a single Form 3. The reporting persons on all three Forms 3 are controlled by John H. Chadwick, who beneficially owns more than 10% of the issuer's outstanding common stock as determined under Section 13(d) of the Securities Exchange Act of 1934 (the "Act"). Each of the reporting persons therefore may be deemed to be members of a "group" with Mr. Chadwick and therefore to be subject to Section 16 of the Act as 10% owners. The reporting persons disclaim membership in any such group, and the filing of this Form 3 shall not be deemed an admission that the reporting persons or their affiliates are members of such group or are otherwise subject to Section 16. Mr. Chadwick controls Claritas Irby Partners II, LLC through his ownership of interests in Claritas Capital, LLC, the managing member of Irby Partners II, LLC. He controls Claritas Capital Management Services, Inc. as a director and as its president.

/s/ J. Chadwick, Mng Mem
of Mng Mem / Pres. 07/12/2021

** 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 5 (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.