FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 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* Maroney Dawn Christine						2. Issuer Name and Ticker or Trading Symbol Alignment Healthcare, Inc. [ALHC]								Relationship of Reporting Person(s) to Issuer (Check all applicable) Director					
(Last) 1100 W.	(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 07/12/2024								Officer (give title below) President, Markets					specify
SUITE 1600 (Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person					
l ` ′	ORANGE CA 92868					Form filed by More than One Report Person											orting		
(City) (State) (Zip)					Rule 10b5-1(c) Transaction Indication														
	V	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 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/						if any	emed tion Date, n/Day/Year)		3. Transa Code (8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3,		red (A) or str. 3, 4 an	d 5) S B O	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) or (D)	Price	Ti	ransa	action(s) . 3 and 4)			(111501. 4)
Common Stock 07/12/20)24				S		300	D	\$9	\$9		1,955,797		D	
Common Stock 07/15/20)24				S		39,700	D	\$9.03)35(1) 1,9		016,097		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)	ative Conversion Date Execution ity or Exercise (Month/Day/Year) if any			tion Date, Trans		saction (Instr. Securitie Acquirer (A) or Dispose of (D) (Instr. 3, and 5)		vative crities cired r osed) r. 3, 4	6. Date Expira (Monti	tion D		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)			Expiration Date	Title	Amount or Number of Shares							

Explanation of Responses:

1. The reported price in column 4 is a weighted-average price. Shares were sold in multiple transactions at a per share price ranging from \$8.89 to \$9.21. The reporting person undertakes to provide to Alignment Healthcare, Inc., any security holder of Alignment Healthcare, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each price within the range.

Remarks:

/s/ Christopher J. Joyce, as Attorney-in-Fact, for Dawn C. 07/16/2024 Maroney

** 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.