Instruction 1(b)

FORM 4

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

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 2. Issuer Name and Ticker or Trading Symbol 5. Relationship of Reporting Person(s) to Issuer 1. Name and Address of Reporting Person (Check all applicable) Alignment Healthcare, Inc. [ALHC] Cross Richard A. Director 10% Owner Officer (give title Other (specify 3. Date of Earliest Transaction (Month/Day/Year) below) below) (First) (Middle) (Last) 03/29/2023 SVP, General Counsel 1100 W. TOWN & COUNTRY RD. 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable **SUITE 1600** Line) Form filed by One Reporting Person X (Street) Form filed by More than One Reporting 92868 **ORANGE** CA Person Rule 10b5-1(c) Transaction Indication (City) (State) (Zip) 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 2A. Deemed 4. Securities Acquired (A) or 5. Amount of 6. Ownership 7. Nature of Indirect Beneficial **Execution Date** Transaction Disposed Of (D) (Instr. 3, 4 and 5) Securities Form: Direct (Month/Day/Year) if any Code (Instr. Beneficially (D) or Indirect Owned Following (Month/Day/Year) 8) (I) (Instr. 4) Ownership (Instr. 4) Transaction(s) (A) or (D) ν Code Price Amount (Instr. 3 and 4) \$6.1133(2) 03/29/2023 Common Stock \mathbf{S} $1,710^{(1)}$ D 393,460 D Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 3. Transaction 1. Title of 3A. Deemed 5. Number 6. Date Exercisable and 7. Title and 8. Price of 9. Number of 10 11. Nature Date (Month/Day/Year) Conversion Execution Date, Transaction Expiration Date (Month/Day/Year) Derivative Security or Exercise if any Code (Instr. Securities Security Securities Form: Beneficial Direct (D) or Indirect Price of Derivative Securities Acquired Underlying Derivative Beneficially Owned Ownership (Instr. 4) (Instr. 3) (Month/Day/Year) 8) (Instr. 5) (A) or Disposed of (D) (I) (Instr. 4) Security Security (Instr. Following 3 and 4) Reported Transaction(s) (Instr. 3, 4 and 5) (Instr. 4) Amount

Explanation of Responses:

1. Represents the number of shares required to be sold by the reporting person to cover tax withholding obligations in connection with the vesting of restricted stock units. This transaction does not represent a discretionary trade by the reporting person.

(A) (D)

2. The reported price in column 4 is a weighted-average price. Shares were sold in multiple transactions at a per share price ranging from \$6.02 to \$6.25. 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.

Date

Exercisable

Remarks:

/s/ Richard A. Cross

Number

Shares

Title

03/31/2023

** Signature of Reporting Person

Expiration

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).

Code

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.