SEC Form 4	
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## FORM 4

Check this box if no longer subject

to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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

		Table I - Non-Deri	vative Securities Acquired, Disposed of, or Bene	ficially	/ Owned		
(City)	(State)	(Zip)	-		Form filed by More Person	than One Reporting	
(Street) ORANGE CA 92868		92868	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indi <sup>*</sup> Line) X	vidual or Joint/Group Filing (Check Applicat Form filed by One Reporting Person		
(Last) 1100 W. TOV	(First) VN & COUNTI	(Middle) RY RD., SUITE 1600	3. Date of Earliest Transaction (Month/Day/Year) 01/13/2023	X	elationship of Reporting ck all applicable) Director Cofficer (give title below) Chief Med & Op dividual or Joint/Group f Form filed by One f Form filed by More Person	below)	
1. Name and Ad <u>Kumar Dir</u>	dress of Reporting tesh M.	J Person <sup>*</sup>	2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Alignment Healthcare, Inc.</u> [ ALHC ]	(Checl	k all applicable) Director	Person(s) to Issuer 10% Owner Other (specify	
Instruction 1	(b).	Fi	led pursuant to Section 16(a) of the Securities Exchange Act of 193- or Section 30(h) of the Investment Company Act of 1940	1	l nours pe	r response: 0	

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code ( 8)		4. Securities Disposed Of			5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)	(Instr. 4)
Common Stock	01/13/2023		<b>S</b> <sup>(1)</sup>		9,000	D	<b>\$12.0909</b> <sup>(2)</sup>	1,117,226	D	

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

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		of Deriv	r osed ) r. 3, 4	tive (Month/Day/Year) sed 3, 4		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Form:	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

## Explanation of Responses:

1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan previously adopted by the reporting person.

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 \$12.00 to \$12.18. 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/ Richard A. Cross, as

Attorney-in-Fact, for Dinesh 01/18/2023

M. Kumar

\*\* 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.

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP