SUITE 1600

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

6. Individual or Joint/Group Filing (Check Applicable

Form filed by One Reporting Person

Form filed by More than One Reporting

Line)

X

Person

			PROVAL		
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	-	T OF CHANGES IN BENEFICIAL OWN	OMB Number: Estimated avera hours per respor	°	
	1.100	or Section 30(h) of the Investment Company Act of 1940		8	
1. Name and Address of Reporting Person <u>Scavo Robert L.</u>	*	2. Issuer Name and Ticker or Trading Symbol Alignment Healthcare, Inc. [ALHC]	5. Relationship of F (Check all applicab Director	ole)	(s) to Issuer 10% Owner
(Last) (First) (1100 W. TOWN & COUNTRY RD	Middle)	3. Date of Earliest Transaction (Month/Day/Year) 03/19/2024	X Officer (gi below) Chief		Other (specify below) fficer

(Street) 92868 ORANGE CA (City) (State) (Zip)

Rule 10b5-1(c) Transaction Indication 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

4. If Amendment, Date of Original Filed (Month/Day/Year)

			•		•					
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Dispo Code (Instr.		4. Securities Disposed Of			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	Transaction(s) (Instr. 3 and 4)		(1150.4)
Common Stock	03/19/2024		S		3,078(1)	D	\$ 5.0508 ⁽²⁾	438,643	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)	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)				6. Date Exerc Expiration Da (Month/Day/Y	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)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	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. Represents the number of shares required to be sold by the reporting person to cover tax withholding obligations in connection with the grant of immediately vested common stock acquired on March 13, 2024 and reported on a Form 4 filed with the SEC on March 15, 2024. This transaction does not represent a discretionary trade 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 \$4.48 to \$5.58. 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 Robert <u>Scavo</u>

03/21/2024

** 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.