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

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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

Name and Address of Reporting Person*     Freeman Robert Thomas				2. Issuer Name and Ticker or Trading Symbol Alignment Healthcare, Inc. [ ALHC ]								(Ch	eck all app Direc	' '		10%	Owner		
(Last) 1100 W.	(Fir	st) (M	Middle) , SUITE 1600		3. Date of Earliest Transaction (Month/Day/Year) 06/17/2022								belov	v) `		Other (specify below)			
(Street)	E CA	. 9	2868	4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	Individual or Joint/Group Filing (Check Applicane)  X Form filed by One Reporting Person Form filed by More than One Reporting							
(City)	(St	ate) (Ž	Zip)										Person						
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Date		2. Transaction Date (Month/Day/Yea	er) Ex	2A. Deemed Execution Date, if any (Month/Day/Year)		Cod	Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			nd 5)	Beneficially Owned Following		f 6. Ownersh Form: Direc (D) or Indirect (I) (Instr. 4)				
							Cod	le V	' A	mount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)					
Common Stock 06/17/2			06/17/2022			S <sup>(1)</sup>	)		12,000	D	D \$11.1762 <sup>(2)</sup>		719,939		I		See Footnote <sup>(3)</sup>		
Common Stock												412,269		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)		action (Instr.	5. Nur of Deriva Secur Acqui (A) or Dispo of (D) (Instr. and 5	ative ities ired sed	Expi	ration l	Exercisable and on Date Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		3. Price of Derivative Security Instr. 5)	9. Numbe derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	10. Ownersh Form: Direct (D or Indirec (I) (Instr.	Beneficial Ownership (Instr. 4)	
				Code	Code V (A) (D) Date Exercisable					Expiration Date	on Tif	or Num of	ber						

## **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 \$11.03 to \$11.35. 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.
- 3. Represents securities held by FCO Holdings LLC, a limited liability company owned by FCO Holdings Trust One, an irrevocable trust of which Mr. Freeman is an indirect beneficiary.

## Remarks:

/s/ Richard A. Cross, as

Attorney-in-Fact, for Robert 06/17/2022

**Thomas Freeman** 

\*\* 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.