## FORM 4

1. Title of Security (Instr. 3)

Conversion

or Exercise

Price of Derivative

Security

Explanation of Responses:

Common Stock

1. Title of

Derivative

Security

(Instr. 3)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

	Washington, D.C. 20549				OMB APPROVAL		
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).		st STATEN	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940		OMB Number: Estimated average burd hours per response:	3235-0287 den 0.5	
1. Name and Address of Reporting Person <sup>*</sup> Kardes Hakan			2. Issuer Name <b>and</b> Ticker or Trading Symbol Alignment Healthcare, Inc. [ ALHC ]	(Check all applica Director			
(Last) 1100 W. TOV	(First) VN & COUNTI	(Middle) RY RD.	3. Date of Earliest Transaction (Month/Day/Year) 03/28/2024	A below)	X Officer (give title Other (specify below) below) Chief Experience Officer		
SUITE 1600			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)			
(Street) ORANGE	СА	92868			ed by One Reporting Per- ed by More than One Rep		
(City)	(State)	(Zip)	Rule 10b5-1(c) Transaction Indication	nt to a contract, instruction	on or written plan that is inte	ended to	

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

8)

Code V

S

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

Transaction

Code (Instr.

5)

6. Date Exercisable and

Expiration Date (Month/Day/Year)

Amount

4,363(1)

Expiration

Date

4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and

> (A) or (D)

> > D

7. Title and

Amount of

Underlying Derivative

Security (Instr. 3 and 4)

Amount or Number

of

Shares

Title

Kardes

Securities

Price

\$4.84<sup>(2)</sup>

5. Amount of

Owned Following

430,444

9. Number of

derivative

Securities

Following Reported Transaction(s)

(Instr. 4)

Beneficially Owned

Transaction(s)

(Instr. 3 and 4)

Securities Beneficially

Reported

8. Price of

Derivative

Security

(Instr. 5)

6. Ownership

Form: Direct (D) or Indirect

D

10.

Form:

Ownership

Direct (D) or Indirect

(I) (Instr. 4)

(I) (Instr. 4)

7. Nature

of Indirect Beneficial

Ownership

11. Nature

of Indirect

Beneficial

Ownership (Instr. 4)

(Instr. 4)

2A. Deemed

if any

Transaction

Code (Instr.

v

Code

8)

Execution Date,

(Month/Day/Year)

5. Number

Derivative

Securities Acquired

(A) or Disposed of (D)

(Instr. 3, 4 and 5)

(A) (D)

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.
The reported price in column 4 is a weighted-average price. Shares were sold in multiple transactions at a per share price ranging from \$4.73 to \$4.935. The reporting person undertakes to provide to 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:

<u>/s/ Christopher J. Joyce, as</u> <u>Attorney-in-Fact, for Hakan</u>

03/29/2024

\*\* 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).

3. Transaction

Date (Month/Day/Year)

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

2. Transaction

(Month/Day/Year)

03/28/2024

Date

3A. Deemed

if any

Execution Date,

(Month/Day/Year)

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.