FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OMB APPROV

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

OMB APPROVAL								
OMB Number: 3235-0287								
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hours per response:	0.5							

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1. Name and Address of Reporting Person* <u>JOYCE CHRISTOPHER J</u>					2. Issuer Name and Ticker or Trading Symbol Alignment Healthcare, Inc. [ALHC]									k all app Direc	licable) tor	ng Person(s) to Is		wner		
(Last)	(Fir	,		3. Date of Earliest Transaction (Month/Day/Year) 08/02/2024								J	below	,	tle Other (below) and Admin. Office					
1100 W. TOWN & COUNTRY RD.					\vdash									_						
SUITE 1600					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street)														V	Form filed by One Reporting Person					
	ORANGE CA 92868													Form filed by More than One Reporting Person						
(City)	(Sta	ate) (Z	Zip)		Rule 10b5-1(c) Transaction Indication							n								
	Check this box to indicate that a transaction was made pursuan satisfy the affirmative defense conditions of Rule 10b5-1(c). See									See Ir	to a contract, instruction or written plan that is intended to Instruction 10.									
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or B	enef	iciall	y Own	ed				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Execution Date,		Date,	Transaction Disposed Of Code (Instr. 5)			es Acquired (A Of (D) (Instr. 3,		, 4 and Securi Benefi Owned		ies cially Following	Form (D) o	n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
						Code	v	Amount	(A) or (D)		rice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)				
Common Stock 08/02/					2024			S		1,233	D		\$9	40	05,679		D			
Common Stock 08/02					/2024				s 100		100	D	\$	9.01	40	5,579 D		D		
		Tal									osed of, o				Owne	k				
1. Title of Derivative Security (Instr. 3)	tive Conversion Date Execution Date, ty or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) o Dispo	r osed) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form: Direct or Indi (I) (Ins	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date		Amou or Numb of Share	er						

Explanation of Responses:

Remarks:

/s/ Christopher J. Joyce

08/06/2024

** Signature of Reporting Person Di

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.