FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number:	3235-0287						
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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Name and Address of Reporting Person* JOYCE CHRISTOPHER J					2. Issuer Name and Ticker or Trading Symbol Alignment Healthcare, Inc. [ALHC]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
													y	Director 10% Own					
(Loot)	/Eir	rot) (I	(1) (1) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4						Date of Earliest Transaction (Month/Day/Year)							Officer (give title Other below) below			
(Last) (First) (Middle) 1100 W. TOWN & COUNTRY RD.					10/01/2024							Chief Legal and Admin. Officer							
		COUNTRI RD.																	
SUITE 1600				4. If a	4. If Amendment, Date of Original Filed (Month/Day/Year)							r) 6	6. Individual or Joint/Group Filing (Check Applicable						
(Street)												´ [L	Line)						
ORANG	iE CA	A 9	2868										1	Form filed by One Reporting Person Form filed by More than One Reporting				าต	
,														Perso		o alan one i	(oportii	19	
(City)	(St	ate) (Z	Zip)																
		Table	I - Non-Deriv	ative	Secu	rities	Ac	quir	ed, Di	sposed c	f, or	Benefic	ially	Own	ed				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye				ear) E	Execution ear) if any		on Date,			4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			1 5)	5. Amount of Securities Beneficially Owned Following Reported		6. Ownershi Form: Direc (D) or Indirect (I) (Instr. 4)	of Ir Ben Owi	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v .	Amount	(A) or (D)	Price		Transa	action(s) 3 and 4)	(111501. 4)	(iiis	u. 4)	
Common Stock 10/01/2024							S		667	D	\$11.79	27(1)	364,445		D				
		Tal	ble II - Derivat (e.g., p							posed of, converti				wne	d		'		
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. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Da (Month/Day/Y		Date Amount of		unt of crities crlying vative crity (Instr.	Deri Secu (Inst		9. Number derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	hip of Bo D) O	Benefici Ownersi (Instr. 4)	
				Code	Code V		(D)	Date) Exercisat		Expiration Date	Title	Amount or Number of Shares							

Explanation of Responses:

1. The reported price in column 4 is a weighted-average price. Shares were sold in multiple transactions at a per share price ranging from \$11.77 to \$11.845. 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

10/03/2024

** Signature of Reporting Person

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.