FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** 3235-0287 Estimated average burden

0.5

hours per response:

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 10b5-1(c). See Instruction 10.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  Kardes Hakan					2. Issuer Name and Ticker or Trading Symbol Alignment Healthcare, Inc. [ ALHC ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner					
(Last) (First) (Middle) 1100 W. TOWN & COUNTRY RD. SUITE 1600					3. Date of Earliest Transaction (Month/Day/Year) 09/12/2024							Officer (give title Other (specify below)  Chief Experience Officer					specify
(Street) ORANGE CA 92868 (City) (State) (Zip)				4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person  Form filed by More than One Reporting Person						
		Table	I - Non-	-Derivat	tive Secui	rities A	cqui	red, C	isposed o	of, or l	Benefic	ially	Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye				Execution Date,					Acquired (A) or (D) (Instr. 3, 4 and 9		Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I)		7. Nature of Indirect Beneficial Ownership		
						Code	e V	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)		(Instr. 4)	
Common Stock 09/12/202					4		<b>S</b> <sup>(1)</sup>		25,000	D	\$11.48	21(2)	38	30,444	D	İ	
		Tai							sposed 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. Deem Execution if any (Month/Da	n Date,	4. Transaction Code (Instr. 8)			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)  8. Numb derivative Securitie Beneficic Owned Followin Reporter Transact (Instr. 4)		Ow For Dire or I (I) (	nership m: ect (D) ndirect nstr. 4)	11. Nature of Indirect Beneficial Ownershi (Instr. 4)

## **Explanation of Responses:**

- 1. Date of adoption of Rule 10b5-1 plan: 03/14/2024
- 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 \$11.48 to \$11.49. 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.

Exercisable

and 5)

(A)

(D)

## Remarks:

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

Amount Number

Shares

09/13/2024

Kardes

Title

Date

\*\* 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).

Code

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.