FORM 4

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

Washington, D	.C. 20549
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IN BENEFICIAL OWNERSHIP

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See	STATEMENT OF CHANGES
	F" 1
Instruction 1(b).	Filed pursuant to Section 16(a) of

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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* <u>Kumar Dinesh M.</u>					2. Issuer Name and Ticker or Trading Symbol Alignment Healthcare, Inc. [ ALHC ]										tionship of Reportir all applicable) Director Officer (give title below) Chief Med		ng Person(s) to Is  10% Ov Other (s below)  dical Officer		wner
(Last) (First) (Middle) 1100 W. TOWN & COUNTRY RD., SUITE 1600				3. Date of Earliest Transaction (Month/Day/Year) 03/31/2022								X	specify						
(Street) ORANG	(Street) ORANGE CA 92868			4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)								. Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person						
(City)	(St	ate) (2	Zip)																
		Table	I - N	Ion-Deriva	tive	Secui	rities	Ac	quire	ed, Di	sposed o	of, or I	Benefic	ially	Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye.				ear) if	2A. Deemed Execution Date, if any (Month/Day/Year)		,   ]	3. Transaction Code (Instr. 8)  4. Securities Ad Disposed Of (D					d 5) Securi		icially d Following	Form (D) o	n: Direct r ect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v A	Amount	(A) or (D)	Price	Trans		action(s) 3 and 4)		1. 4)	(111501. 4)	
Common Stock 03/31/202			!2				S		3,058(1)	D	\$11.17	1757(2)		1,190,970		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	xercise (Month/Day/Year) if any e of vative (Month/Day/Yea				Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Year)			le and unt of rities orlying rative rity (Instr. i 4)	Deri Sec	rice of vative urity tr. 5)	ative derivative rity Securities		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exe	e rcisable	Expiration Date	ı Title	Amount or Number of Shares						

## **Explanation of Responses:**

- 1. 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.
- 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 \$10.73 to \$11.45. 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/ Richard A. Cross, as

Attorney-in-Fact, for Dinesh 04/01/2022

M. Kumar

\*\* 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.