FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

washington,	D.C. 20049	

OMB APPROVAL										
OMB Number:	3235-0287									

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

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

	OND AFFIROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number: 32	3235-0287		
	Estimated average burder	n		
Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934	hours per response:	0.5		

	e conditions of ee Instruction 1															
1. Name and Address of Reporting Person* Maroney Dawn Christine				2. Issuer Name and Ticker or Trading Symbol Alignment Healthcare, Inc. [ALHC]						. Relationshi Check all app Direc	olicable)	ng Per	rson(s) to Is			
(Last) (First) (Middle) 1100 W. TOWN & COUNTRY RD.				3. Date of Earliest Transaction (Month/Day/Year) 11/22/2024					✓ Office below	Other (specify below) t, Markets		specify				
SUITE 1 (Street) ORANG (City)	EE CA		2868 Zip)	4. If A	mendi	ment, Date o	f Origina	ıl Filed	d (Month/Da	y/Year)			n filed by Or	ie Rep	orting Pers	on
		Table	I - Non-Deriva	ative S	ecui	rities Acq	uired,	Dis	posed of	, or B	enefic	ially Own	ed			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D		Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)					6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)					
						Code	v	Amount	(A) (D)	or Price	Transa	ransaction(s) nstr. 3 and 4)			(111501.4)	
Common Stock 11/22/			/2024			G ⁽¹⁾		30,000	D	\$	0 1,6	1,666,097		D		
		Tal	ble II - Derivat (e.g., p			ies Acqui varrants,							d			
Security or Exercise (Month/Day/Year) if any		Execution Date,		ansaction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		Amount of De Securities Se		8. Price of Derivative Security (Instr. 5)	erivative derivative security Securities		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershi (Instr. 4)		

Date Exercisable

Expiration Date

Explanation of Responses:

1. Reflects bona fide gifts to a charitable donor advised fund.

Remarks:

/s/ Christopher J. Joyce, as Attorney-in-Fact, for Dawn C. 11/26/2024 Maroney

** Signature of Reporting Person Date

of Shares

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.