## FORM 4

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

Washington, D.C. 20549

STATEMENT	OF CHANGES IN	N BENEFICIAL	OWNERSHIP

OMB APPROVAL

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

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(0). 00	ee Instruction 1	<u> </u>			_														
1. Name and Address of Reporting Person*  Maroney Dawn Christine				2. Issuer Name and Ticker or Trading Symbol Alignment Healthcare, Inc. [ ALHC ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
													Direc			10% O			
-					<u></u>									1	belov	er (give title v)		Other (below)	specify
(Last)	, , , , , , , , , , , , , , , , , , , ,			3. Date of Earliest Transaction (Month/Day/Year) 10/15/2024								President, Markets							
1100 W.	TOWN & (	COUNTRY RD.			10/1	13/202													
SUITE 1	600																		
					4. If a	Amend	ment,	Date	e of Or	iginal Fil	ed (Month/D	ay/Yea		<ol><li>Indiv Line)</li></ol>	ridual oi	r Joint/Group	Filing (	Check A	pplicable
(Street)	Б С		20.00											1	Form	filed by One	e Report	ing Pers	on
ORANG	E CA	1 9	2868	i									Form filed by More than One Reporting					orting	
															Perso	on			
(City)	(Sta	ate) (Z	Zip)																
		Table	I - N	Ion-Deriva	tive	Secu	rities	s Ac	quir	ed, Di	sposed c	f, or l	Benefi	cially	Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye			Execution D		n Date,		Transaction Disposed Code (Instr.			es Acquired (A) or Of (D) (Instr. 3, 4 aı		d 5)	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)	Price		Transa	action(s) 3 and 4)	(instr. 4	"	(instr. 4)
Common Stock 10/15/2024				4			S <sup>(1)</sup>		30,000	D	\$10.70	694(2)	1,726,097		D				
		Tal	ble II	I - Derivati (e.g., pu							posed of, converti				Owne	d	,	<u> </u>	
Derivative Conversion Dat		3. Transaction Date (Month/Day/Year)	Exec if any	ecution Date, any		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Year)		Amo Secu Unde Deriv Secu	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		rice of ivative urity tr. 5)	tive derivative ity Securities		vnership rm: ect (D) Indirect (Instr. 4)	Beneficia Ownersh (Instr. 4)
					Code	Code V (A) (I		(D)	Date D) Exercisal		Expiration Date	Title	Amour or Number of Shares	or					

## **Explanation of Responses:**

- 1. Date of Rule 10b5-1 plan adoption: 03/13/2024
- 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 \$10.65 to \$11.05. 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, as Attorney-in-Fact, for Dawn C. 10/16/2024 Maroney

\*\* 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.