FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549	

<b>STATEMENT</b>	<b>OF CHANGE</b>	S IN BENEFICIA	L OWNERSHIP

l	OMB APPROVAL									
	OMB Number:	3235-0287								
l	Estimated average burden									
l	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).

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

Name and Address of Reporting Person*     Kardes Hakan					2. Issuer Name and Ticker or Trading Symbol Alignment Healthcare, Inc. [ ALHC ]									all app	licable) tor	ng Pe	erson(s) to Is	vner	
(Last)	(Fir	st) (M	Middle	e)	3. Date of Earliest Transaction (Month/Day/Year) 03/19/2024								X	belov	er (give title v) hief Exper	rienc	Other (s below) se Officer	specify	
SUITE 1600					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person					
(Street) ORANG	E CA	<b>.</b> 9.	2868	8									Λ		filed by Mo	an One Repo			
(City)	(Sta	ate) (Z	Zip)		Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										nded to				
		Table	I - I	Non-Deriva	tive S	Secui	rities	Ac	quire	ed, Di	sposed of	, or E	Benefici	ally	Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye			ear) Execution		on Date, Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			5)	5. Amount of Securities Beneficially Owned Following		Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
							Code	v .	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock 03/19/202			03/19/202	24				S		18,964(1)	8,964 <sup>(1)</sup> D \$5.0		08 <sup>(2)</sup> 434,807		34,807		D		
		Tal	ble I	II - Derivati (e.g., pu							posed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exe if ar	Deemed cution Date, ny nth/Day/Year)	tition Date, h/Day/Year)  Transaction Code (Instr. 8)  Deriv Secure (A) o Disp of (D (Instrand		5. Nu of Deriv Secun Acqu (A) or Dispo of (D) (Instr and 5	ative rities ired rosed	Exp (Mo	iration I nth/Day	y/Year)  Securities Underlying Derivative Security (Ins 3 and 4)  Amou or Numb of of		int of rities rlying ative rity (Instr. 4)	unt per				10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

## **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 grant of immediately vested common stock acquired on March 13, 2024 and reported on a Form 4 filed with the SEC on March 15, 2024. 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 \$4.48 to \$5.58. 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

03/21/2024 Attorney-in-Fact, for Hakan

Kardes

\*\* 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.