SEC Form 4	
FORM	4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

J	Check this box to indicate that a
1.00	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
	1(c). See Instruction 10.
	intended to satisfy the affirmative defense conditions of Rule 10b5-

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

OMB APP	ROVAL
OMB Number:	3235-0287
Estimated average	burden

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l	Estimated average burden	
	Estimated average burden hours per response:	0.5

I

1	dress of Reporting Dawn Christi	•	2. Issuer Name <b>and</b> Ticker or Trading Symbol Alignment Healthcare, Inc. [ ALHC ]		ationship of Reporting P ( all applicable) Director	erson(s) to Issuer 10% Owner
				~	Officer (give title	Other (specify
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)	v	below)	below)
. ,	( )	· · · ·	12/16/2024		President, M	larkets
1100 W. TOV	VN & COUNT	RY RD.				
SUITE 1600						
			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv	/idual or Joint/Group Fil	ing (Check Applicable
(Street)				Line)		
ORANGE	СА	92868		1	Form filed by One Re	porting Person
		)2000			Form filed by More th Person	an One Reporting
(City)	(State)	(Zip)				

#### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Di Code (Instr.		Transaction Di Code (Instr.		Disposed Of (D) (Instr. 3, 4 and 5) Beneficially Owned Following (A) or (A) or (A		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s)	(1130. 4)	(Instr. 4)			
Common Stock	12/16/2024		<b>S</b> <sup>(1)</sup>		30,000	D	\$11.3336 <sup>(2)</sup>	1,636,097	D				

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

		(e.g., pt	113, 00	ano, v	varie	ints,	options, t		10 30	cuntes	)			
1. Title of Derivative Security (Instr. 3)	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		of Deriv Secu Acqu (A) o Dispe of (D	r osed ) r. 3, 4	6. Date Exerc Expiration Da (Month/Day/Y	ate	Deriv	unt of rities rlying ative rity (Instr.	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

### 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 \$11.11 to \$11.57. 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:** 

<u>/s/ Christopher J. Joyce, as</u> Attorney-in-Fact, for Dawn C. <u>12/18/2024</u> <u>Maroney</u>

\*\* 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.