FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| Name and Address of Reporting Person* Freeman Robert Thomas | | | | | 2. Issuer Name and Ticker or Trading Symbol Alignment Healthcare, Inc. [ALHC] | | | | | | | | | ck all app Direc | licable) tor | | Person(s) to Issuer 10% Owner Other (specific | | | |
|--|---|--|--|-------|---|---|---------------------------------|------------------|-----------------------------------|-----------------|--|---|---------|---|---|----------------------|--|---------------------------------------|---|--|
| (Last) 1100 W. | (Fir | rst) (t | Middle) , SUITE 1600 | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/26/2022 | | | | | | | 7 | belov | Officer (give title below) Chief Finar | | below) ncial Officer | | | |
| (Street) ORANG (City) | ANGE CA 92868 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line | 6. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (Oity) | (00 | | I - Non-Deri | ivat | ive S | Secui | rities | Aca | uired | I. Die | snosed | of. o | r Bene | ficial | ly Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date | | | 2. Transactio | n | 2A. Deemed | | ed Date, | 3. Tran | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and | | | | 5. Amou Securitie Benefici Owned Followir | int of es ally | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | Cod | e v | An | nount | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | | | |
| Common Stock | | | 10/26/20 | 22 | | | | S ⁽¹⁾ |) | 2 | 24,000 | D | \$13.0 | 762 ⁽²⁾ | 568,529 | | I | | See Footnote ⁽³⁾ | |
| Common Stock | | | | | | | | | | | | | 731,448 | | 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 | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date if any (Month/Day/Yea | ur) 8 | Transaction of Code (Instr. 3) 5. Num Code (Instr. 2) Securi Acquir (A) or Dispos of (D) (Instr. and 5) | | ative rities ired osed | Expira | ation D h/Day/ | Expiration Date | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or Number of Title Shares | | . Price of erivative ecurity nstr. 5) | erivative derivative curity Securities | | 10. Ownersh Form: Direct (D or Indire (I) (Instr. | Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan previously adopted 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 \$13.00 to \$13.25. 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.
- 3. Represents securities held by FCO Holdings LLC, a limited liability company owned by FCO Holdings Trust One, an irrevocable trust of which Mr. Freeman is an indirect beneficiary.

Remarks:

/s/ Richard A. Cross, as Attorney-in-Fact, for Robert 10/28/2022 Thomas Freeman

** 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.