FORM 4

Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to

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

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 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1(c). Se	ee Instruction 1	0.																	
1. Name and Address of Reporting Person* Freeman Robert Thomas					2. Issuer Name and Ticker or Trading Symbol Alignment Healthcare, Inc. [ALHC]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) 1100 W.	(Last) (First) (Middle) 1100 W. TOWN & COUNTRY RD., SUITE 1600				3. Date of Earliest Transaction (Month/Day/Year) 11/11/2024								Officer (give title Other (specify below) Chief Financial Officer						
(Street) ORANGE CA 92868			4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting							
(City)	(St	ate) (Ž	Zip)								Person								
		Table	I - Non-Deriva	ative	Secui	rities A	cqui	red, C	Dispose	d of	, or E	Benefic	ially C	Dwne	ed				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/			ear)	2A. Deemed Execution Date, if any (Month/Day/Yea		3. Transaction Code (Instr. 8)					d (A) or r. 3, 4 and	5. Amount of Securities Beneficially Owned Followin Reported		s ally following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
							Code	y v	Amount	((A) or (D)	Price	Transact (Instr. 3 a		ion(s)	s) ` ´		(Instr. 4)	
Common Stock 11/11/20			24	4		S ⁽¹⁾		30,500		D	\$13.42	15	92,929		I		See Footnote ⁽²⁾		
Common Stock													865,407		D				
		Tal	ole II - Derivat (e.g., pı						sposed s, conve					wned	t				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		saction e (Instr.	5. Numb of Derivati Securiti Acquire (A) or Dispose of (D) (Instr. 3, and 5)	ve (M es d	Expiration Date (Month/Day/Year)		nd	7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		8. Price Deriva Secur (Instr.	ative ity	9. Number derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4)	overses Form: Direct (in or inding (in (in (institution))) Owners Form: Owners Form: Owners Form: Outlook Form: O		Beneficial Ownership t (Instr. 4)	
				Code	e V	(A) (E		ate cercisab	Expira	tion	Title	Amount or Number of Shares							

Explanation of Responses:

- 1. Date of Rule 10b5-1 plan adoption: 03/15/2024
- 2. 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/ Christopher J. Joyce, as 11/13/2024 Attorney-in-Fact, for Robert **Thomas Freeman**

** Signature of Reporting Person

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.