FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box if no longer subject to

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(0). 0	ee instruction i	· .																	
Name and Address of Reporting Person* Burzacchi Sebastian				2. Issuer Name and Ticker or Trading Symbol Alignment Healthcare, Inc. [ALHC]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
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-					\vdash									_		icer (give title ow)		Other (s	specify
(Last)	(Fir	rst) (f	Middle)		3. Date of Earliest Transaction (Month/Day/Year)									COO - Mgm	ıt Ser	, ,			
1100 W. TOWN & COUNTRY RD.					12/10/2024									oo wigii	it DCI	vices org			
SUITE 1	600																		
					4. If A	Amend	ment,	Date o	f Origin	al File	d (Month/Da	v/Yea	r)	6.	Individual	or Joint/Grou	p Filin	ng (Check A	pplicable
(Street)									Ū		`	,	,	Lir					
ORANG	E CA	۸ 9	2868												√ Fo	m filed by On	e Rep	oorting Perso	on
	L Ci	. ,	2000													m filed by Mo	re tha	an One Repo	orting
															Pe	rson			
(City)	(St	ate) (Ž	Zip)																
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired	, Dis	posed of	, or	Ben	efici	ally Ow	ned			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (AD) (Instr. 3) 5)				nd Secu Ben Own	mount of urities eficially ed Following	Forn (D) o	Form: Direct D) or Indirect I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
								Code	v	Amount	(A) or (D) Pri		Price	Tran	Reported Transaction(s) (Instr. 3 and 4)			(111501. 4)	
Common Stock 12/10/2				.024			S		8,550(1)]	D	\$11.	26 217,395			D			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
				(e.g., pu	its, ca	alis, v	warra	ints,	optio	ns, c	convertib	ie se	ecur	ities)				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, /Day/Year)	Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		f g	8. Price of Derivativ Security (Instr. 5)		s s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	or Nur of	ount nber ires					

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 vesting of restricted stock units. This transaction does not represent a discretionary trade by the reporting person.

Remarks:

/s/ Christopher J. Joyce, as Attorney-in-Fact, for

12/10/2024

Sebastian Burzacchi

** 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.