FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

1. Name and Address of Reporting Person* Maroney Dawn Christine					2. Issuer Name and Ticker or Trading Symbol Alignment Healthcare, Inc. [ALHC]									Check	tionship of Reporti all applicable) Director Officer (give title		10% (
(Last) (First) (Middle) 1100 W. TOWN & COUNTRY RD. SUITE 1600					3. Date of Earliest Transaction (Month/Day/Year) 01/17/2023								X	belov		t, Ma	below)		
(Street) ORANG (City)	E CA		2868 Zip)	8	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv ₋ine) X	-/					
		Table	I - I	Non-Deriva	tive	Secui	rities	Acc	quir	ed, Di	sposed o	of, or	Benefic	ially	Own	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yes			Execution Date,		, T	3. Transaction Code (Instr. 8)					nd 5) Sec Ben Owi		Amount of curities neficially rned Following ported		wnership n: Direct or rect (I) rr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
						c	ode	v /	Amount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)				(
Common Stock 01/17/2023				13			s ⁽¹⁾ 5,0		5,000	D	\$12.54	2.5441(2)		1,965,692		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)	ivative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any			action (Instr.	5. Numof Derive Securion Acquire (A) or Disposof (D) (Instr. and 5	ative rities ired osed	Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or Number of Title Shares		nt er				10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect 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 \$12.31 to \$12.67. 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/ Richard A. Cross, as Attorney-in-Fact, for Dawn C. 01/19/2023 Maroney

** 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.