Instruction 1(b).

FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549
-------------	------	-------

to Section 16. Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL	OWNERSHIP
obligations may continue. See		

	OMB APP	ROVAL							
	OMB Number: 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

1. Name and Address of Reporting Person* <u>JOYCE CHRISTOPHER J</u>					2. Issuer Name and Ticker or Trading Symbol Alignment Healthcare, Inc. [ ALHC ]									all app	licable) tor	ng Pe	rson(s) to Is	vner	
(Last) 1100 W.	(Fir	st) (1	Middle	e)		3. Date of Earliest Transaction (Month/Day/Year) 03/19/2024								X	belov	,	d Adı	Other (s below) min. Office	·
SUITE 1600					4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)						1									m filed by One Reporting Person				
ORANG	ORANGE CA 92868												Form filed by More than One Reporting Person					orting	
(City) (State) (Zip)				Ru	Rule 10b5-1(c) Transaction Indication														
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Table	1 - 1	Non-Deriva	tive	Secui	rities	Ac	quire	ed, Di	sposed of	f, or E	Benefici	ally	Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye				Execution (ear) if any				3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			5)	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) or (D)	Price	Tra		ported insaction(s) str. 3 and 4)			(Instr. 4)	
Common	Stock			03/19/202	24				S	П	25,060(1)	D	\$5.050	8(2)	438,912			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)	Exe if an	Deemed cution Date, ry nth/Day/Year)		Transaction of Code (Instr. Derivative			Expiration Date (Month/Day/Year) Amount Security Underly Derivating 3 and 4)			int of rities rlying ative rity (Instr.	Der Sec	ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code	e V (A) (D)			Date Expirat		Title	of Shares							

## **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 grant of immediately vested common stock acquired on March 13, 2024 and reported on a Form 4 filed with the SEC on March 15, 2024. This transaction does not represent a discretionary trade 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 \$4.48 to \$5.58. 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/ Christopher J. Joyce

03/21/2024

\*\* 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.