Check this

to Section obligations

Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C.	20549	
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box if no longer subject 16. Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
may continue. See	

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* Vorhoff Nicholas Robbert					2. Issuer Name and Ticker or Trading Symbol Alignment Healthcare, Inc. [ALHC]										ationship k all app Direc	licable)	ng Person(s)	to Issuer 6 Owner
(Last)	(Fir	rst) (M	/liddle)		3. Date of Earliest Transaction (Month/Day/Year) 03/13/2024									Office below	er (give title		er (specify ow)	
1100 W. TOWN & COUNTRY RD. SUITE 1600				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line)	Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person					
(Street) ORANGE CA 92868														Form filed by More than One Reporting Person				
(City)	(St		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. I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned															
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				ction 2A. Deem Execution ay/Year) if any			Deemed ecution Date,		3. 4. Securitie		les Acquired (A) Of (D) (Instr. 3,		(A) or	5. Amo Securit Benefic	unt of ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect	
				02/12/	/2024				Code	v	Amount	(0)		Price	Transaction(s) (Instr. 3 and 4)			(11041.4)
Common	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 Exercity Price of Derivative Security		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Num of Derive Secur Acqui (A) or Dispo of (D) (Instr.	rities ired r osed) : 3, 4	6. Date Exercisable Expiration Date (Month/Day/Year)		te	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersi Form: y Direct (I or Indire (I) (Instr.	Beneficial Ownership ect (Instr. 4)
					Code V		(A)	(D)			Expiration Date	Title	Amo or Num of Shar	nber				

Explanation of Responses:

1. Represents 50,000 restricted stock units, each restricted stock unit representing a right to receive one share of Common Stock of the Company, all of which will vest on the one-year anniversary of the grant date unless the reporting person ceases to serve as a member of the Board of Directors prior to such date. The reporting person has elected to defer receipt of the underlying shares until separation of service as a director (or, if earlier, until a change of control of the Company). The restricted stock units granted to the reporting person are held by him solely for the benefit of General Atlantic Service Company, L.P. The reporting person disclaims beneficial ownership of the restricted stock units and the underlying Common Stock.

Remarks:

/s/ Christopher J. Joyce, as Attorney-in-Fact, for Nicholas 03/15/2024 Robbert Vorhoff

** 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.