SEC Form 4
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## FORM 4

Check this box if no longer subject

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL

(Check all applicable)

5. Relationship of Reporting Person(s) to Issuer

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

100/ 0

Instruction 1(b).	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 <sup>*</sup> Freeman Robert Thomas	2. Issuer Name and Ticker or Trading Symbol Alignment Healthcare, Inc. [ ALHC ]
	2. Data of Farliant Transaction (Marth (Day (Mart)

					Director	10% Owner	
(Last) (	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)	X	Officer (give title below)	Other (specify below)	
· · ·	(/	· · · · ·	06/21/2022	I	Chief Financial Officer		
1100 W. 10W	n & COUNT	TRY RD., SUITE 1600		I			
			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv	vidual or Joint/Group Fil	ing (Check Applicable	
(Street)				Line)			
ORANGE	CA	92868		X	Form filed by One Re	eporting Person	
P				I	Form filed by More th	nan One Reporting	
(City)	(State)	(Zip)			Person		

## Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code ( 8)		Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)			
Common Stock	06/21/2022		<b>S</b> <sup>(1)</sup>		3,517	D	<b>\$</b> 12.0128 <sup>(2)</sup>	716,422	Ι	See Footnote <sup>(3)</sup>	
Common Stock	06/22/2022		<b>S</b> <sup>(1)</sup>		100	D	\$12	716,322	Ι	See Footnote <sup>(3)</sup>	
Common Stock								412,269	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		5. Number of Derivative Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

## 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 \$12.00 to \$12.06. 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.

3. 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/ Richard A. Cross, as Attorney-in-Fact, for Robert

Thomas Freeman

\*\* Signature of Reporting Person Date

06/23/2022

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.