FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

Check this box if no longer subject	STATE
to Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(b).	

EMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
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* JOYCE CHRISTOPHER J					2. Issuer Name and Ticker or Trading Symbol Alignment Healthcare, Inc. [ALHC]									Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) 1100 W.	(Fii	rst) (I	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 09/13/2023 X Officer (give title below) Other (specify below) Chief Legal and Admin. Officer										· ·				
SUITE 1600				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street) ORANGE CA 92868														Х	X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip)						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													
		Table	I - No	n-Deriva							posed of					ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Date				th/Day/Year) Execu		Deemed ecution Date, ny onth/Day/Year)				es Acquired (A) Of (D) (Instr. 3,				ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) (D)	or Pr	rice		ed ction(s) 3 and 4)			(Instr. 4)	
Common Stock 09/13/2					2023			S		15,474 ⁽¹⁾ D			\$5.2	2 267,834			D		
		Tal	ole II -						-		osed of, convertib			-	Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	med 4. Transac Code (I Day/Year) 8)					6. Date Exercisal Expiration Date (Month/Day/Year		ite	Amou Secur Under Deriva Secur	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	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	Amour or Number of Shares	er							

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

09/15/2023

** 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.