FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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Check this box if no longer subject
to Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1. Name and Address of Reporting Person*  MARGOLIS JEFFREY H						2. Issuer Name <b>and</b> Ticker or Trading Symbol Alignment Healthcare, Inc. [ ALHC ]										5. Relationship of Reporting Person(s) to Issu Check all applicable)  X Director 10% Owner						
(Last)	(Fi	,	Midd	,		3. Date of Earliest Transaction (Month/Day/Year) 10/16/2023										Office	er (give title v)	е	Othe below		ecify	
1100 W. TOWN & COUNTRY RD., SUITE 1600					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)															X Form filed by One Reporting Person							
ORANGE CA 92868						Form Perso											n filed by More than One Reporting on					
(City) (State) (Zip)					Rı	Rule 10b5-1(c) Transaction Indication																
					X	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	I -	Non-Deriva	tive	Secu	rities	Ac	quir	ed, D	ispo	osed o	f, or	Benefici	ally (	Own	ed					
			2. Transaction Date (Month/Day/Ye	ar) E	2A. Deemed Execution Date, if any (Month/Day/Year)		,   T	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an				Benefici Owned I		es ally Following	Form: (D) or Indire	Indirect (I)		7. Nature of Indirect Beneficial Ownership		
							c		ode	v	Amou	unt	(A) or (D)	Price	Tra	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)		(Instr. 4)		
Common Stock				10/16/2023	3				S <sup>(1)</sup>		6,0	000	D	\$8.0027	(2)	419,533		I		See Footnote <sup>(3)</sup>		
Common Stock															74,451		D					
		Tal	ble	II - Derivati (e.g., pu												wne	d					
1. Title of Derivative Security (Instr. 3)	. Deemed ecution Date, iny onth/Day/Year)		saction of Derivat Securit Acquire (A) or Disposi of (D) (Instr. 3 and 5)		rative rities ired r osed ) r. 3, 4	(Md	piration	xercisable and n Date ay/Year)		Amo Secu Unde Deriv	le and unt of rities erlying rative rity (Instr. 1 4) Amount or Number	Deriv Secu	. Price of erivative ecurity nstr. 5)	9. Numbe derivative Securitie: Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	10. Ownersh Form: Direct (D or Indire (I) (Instr.	nip ) ct	Beneficial Ownership t (Instr. 4)				
					Code	Code V (A) (D				Date Expiration Exercisable Date Ti		Title	of									

## **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 \$8.00 to \$8.07. 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 the Margolis Family trust 12/23/98, of which Mr. Margolis is the trustee.

## Remarks:

/s/ Christopher J. Joyce, as Attorney-in-Fact, for Jeffrey 10/18/2023 H. Margolis

\*\* 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.