SEC Form 4
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Instruction 1(b).

## FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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,					
1. Name and Address of Reporting Person <sup>*</sup> <u>MARGOLIS JEFFREY H</u>				suer Name <b>and</b> Tic ignment Heal			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
							X	Director	10%	6 Owner	
(Last) 1100 W. TOV	(First)	(Middle) RY RD., SUITE 1600		ate of Earliest Trans 01/2021	saction (Mont	n/Day/Year)		Officer (give tit below)	le Oth belo	er (specify ow)	
			4. If	Amendment, Date	of Original File	ed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable				
(Street)						. , ,	Line)				
ORANGE	CA	92868					X	Form filed by C	One Reporting F	Person	
		52000	_					Form filed by N Person	More than One I	Reporting	
(City)	(State)	(Zip)									
		Table I - Non-Deri	vative	Securities Acc	quired, Dis	sposed of, or Bene	ficially	Owned			
1. Title of Security (Instr. 3) Date (Month/Day)				2A. Deemed Execution Date, if any	3. Transaction Code (Instr.	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)	and S	5. Amount of Securities Beneficially	6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial	

		Year) Code (Instr. 8) Code V		5)			Owned Following Reported	(I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(msu. 4)
11/01/2021		S <sup>(1)</sup>		1,200	D	\$19.82	426,733		See Footnote <sup>(2)</sup>
							33,333 <sup>(3)</sup>	D	
	11/01/2021	11/01/2021						11/01/2021 s <sup>(1)</sup> 1,200 D \$19.82 426,733	11/01/2021 S <sup>(1)</sup> S <sup>(1)</sup> 1,200 D \$19.82 426,733 I

 
 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 Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) Date Exercisable				e and int of rities rlying ative ative (Instr. 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				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. Represents securities held by the Margolis Family trust 12/23/98, of which Mr. Margolis is the trustee.

3. Represents 33,333 shares of restricted Common Stock that will vest in equal annual installments on each of the first three anniversaries of Alignment Healthcare, Inc.'s initial public offering unless Mr. Margolis is removed for cause or resigns prior to such dates.

## **Remarks:**

/s/ Richard A. Cross, as

<u>Attorney-in-Fact, for Jeffrey</u> <u>11/03/2021</u> <u>H. Margolis</u>

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\ast}$  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.