

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

OMB APPROVAL	
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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* <u>MARGOLIS JEFFREY H</u>  (Last) (First) (Middle) C/O ALIGNMENT HEALTHCARE, INC. 1100 W. TOWN & COUNTRY ROAD, SUITE 1600  (Street) ORANGE CA 92868  (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 03/26/2021	3. Issuer Name and Ticker or Trading Symbol <u>Alignment Healthcare, Inc. [ ALHC ]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) 03/26/2021
6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person			

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock, par value \$0.001 per share ("Common Stock")	439,254 <sup>(1)</sup>	I	See Footnote <sup>(2)</sup>
Common Stock	33,333 <sup>(3)</sup>	D	

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

**Explanation of Responses:**

- Represents 379,907 shares of Common Stock of Alignment Healthcare, Inc. (the "Company") and 59,347 restricted shares of Common Stock of the Company that will vest upon a change of control of the Company or otherwise (A) if received in exchange for pre-IPO (as defined below) transaction-based incentive units, on the later of (x) the four-year anniversary of the initial vesting date, or (y) 50% on the first anniversary of Company's initial public offering (the "IPO") and 50% on the second anniversary of the IPO, in each case, subject to Mr. Margolis' continued employment or service on each such vesting date and (B) if received in exchange for pre-IPO service-based incentive units, according to the pre-IPO vesting schedule of the pre-IPO service-based incentive units.
- Represents securities held by the Margolis Family trust 12/23/98, of which Mr. Margolis is the trustee.
- Represents 33,333 shares of restricted Common Stock that will vest in equal annual installments on each of the first three anniversaries of the IPO unless Mr. Margolis is removed for cause or resigns prior to such dates.

**Remarks:**

This Form 3 amends and restates in its entirety the Form 3 filed by Mr. Margolis on March 26, 2021. The purpose of this Form 3 is to correct the form of ownership of 33,333 shares of restricted Common Stock which were inadvertently reported as being held indirectly in the original Form 3. Such shares of restricted Common Stock are held directly by Mr. Margolis. This amendment does not affect Mr. Margolis' aggregate beneficial ownership of securities of the Company.

/s/ Richard A. Cross, as  
Attorney-in-Fact, for 05/13/2021  
Jeffrey H Margolis

\*\* 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 5 (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.