FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

1. Name and Address of Reporting Person [*] <u>Mnuchin Alan G.</u>	2. Issuer Name and Ticker or Trading Symbol Sharecare, Inc. [SHCR]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner
(Last) (First) (Middle)	3. Date of Earliest Transaction (Month/Day/Year) 06/30/2023	Officer (give title Other (specify below) below)
C/O SHARECARE, INC. 255 E. PACES FERRY ROAD NE SUITI	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person
(Street) ATLANTA GA 30305		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 satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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. Transaction Code (Instr. 8)		4. Securities Disposed Of 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	06/30/2023		A		28,167(1)	A	\$ <mark>0</mark>	47,167	D			
Common Stock								1,233,545	I	Held by MMT Capital Holdings LLC		

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) ion ise 3. Transaction Date (Month/Day/Year) 3A. Deemed Execution Date, if any (Month/Day/Year) 4. Transaction Code (Instr. 5) 5. Number of Derivative (Month/Day/Year) 6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Amount of Derivative Securities 8. Price of Derivative Securities 9. Number of derivative Securities 10. Ownership Gomership (Instr. 5) 11. Nature Ownership (Month/Day/Year)

Security	Conversion or Exercise Price of Derivative Security	Execution Date, if any (Month/Day/Year)	Securi Acquir (A) or Dispos of (D)		(Month/Day/Year) erviative equired) or sposed (D) str. 3, 4			Amount or Securities Underlying Derivative Security (Instr. 3 and 4)		Security (Instr. 5)	derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownersnip Form: Direct (D) or Indirect (I) (Instr. 4)	of indirect Beneficial Ownership (Instr. 4)		
			Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					

Explanation of Responses:

1. Represents the grant of restricted stock units ("RSUs") in lieu of director cash compensation (as elected by reporting person). Such RSUs vest one-third (1/3) each on August 15, 2023, November 15, 2023, and February 15, 2024, respectively, provided that reporting person is still serving as a director of the Company through the applicable vesting date.

Remarks:

1. Title of 2

<u>/s/ Christie J. Miller,</u> <u>Attorney-in-fact for the</u>

reporting person

07/05/2023

** 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.

OMB APPROVAL

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