UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL
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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(b).
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FORM 4

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

					0.0	ection 30(n)				ipaily / to		10							
1. Name and Address of Reporting Person [*] LAYTON BRENT D					2. Issuer Name and Ticker or Trading Symbol Sharecare, Inc. [SHCR]								(Check	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
	<u>JII DIUI</u>	11 20												Director			10% O	wner	
(Last)	(First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 01/02/2024								X	Officer (g below)			Other (below)	specify	
C/O SHARECARE, INC.														Chi	ef Exec	utive	Officer		
255 E. PACES FERRY RD. NE, SUITE 700					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)			20205													•	0	ing Person	
ATLAN	IA (GA	30305	Rule 10b5-1(c) Transaction Indication															
(City)	(3	State)	(Zip)		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-	Deriv	ative	Securitie	s Ac	quired, l	Disp	osed	of, o	r Bene	ficially C	wned					
Date				Date	h/Day/Year) (Month/Day/Year)		n Date,	e, Transaction Dispose Code (Instr.			rities A ed Of (I	Acquired (D) (Instr. 3	A) or 3, 4 and 5)	or 5. Amount of Securities Beneficially C Following Reported		Form:	Direct Indirect Et. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							Code	v	Amount		(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				(IIISU: 4)		
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)	erivative Conversion Date Execution Date, Tran ecurity or Exercise (Month/Day/Year) if any Cod			Trans Code	5. Number of Derivative Securities Acquired (A) Disposed of ((Instr. 3, 4 and 5)			6. Date Exercisable and Expiration Date (Month/Day/Year)			Secu Deriv	tle and An Irities Und vative Sec r. 3 and 4)	derlying surity	ing Derivative		er of ve es ially ng d tion(s)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership t (Instr. 4)	
				Code		(A)		Date		piration	Title	Nu	nount or mber of		(Instr. 4)				

Explanation of Responses:

(1)

1. Each restricted stock unit ("RSU") represents a contingent right to receive one share of common stock, par value \$0.0001 per share ("Common Stock"), of Sharecare, Inc. (the "Company"), or as determined by the administrator, cash equal to the fair market value of one share of Common Stock on the settlement date.

2. One-twelfth (1/12) of the RSUs will vest quarterly (every consecutive three months) starting 4/2/24 and ending 1/2/27, provided that Reporting Person is still employed by the Company or an affiliate thereof through the applicable vesting dates.

(2)

Remarks:

Restricted

Stock Units

> /s/ Christie J. Miller, Attorney-01/04/2024

10,000,000

\$<mark>0</mark>

Commo Stock

(2)

in-Fact for Reporting Person
** Signature of Reporting Person

Date

10,000,000

D

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).

01/02/2024

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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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.

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