FORM 4

UNITED STATES SECU

Washington, D.C. 20549

ΚΠ	IES	AND	EXCI	IANGE	COMM	ISSION
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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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10

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. Name and Address of Reporting Person* Daniel Colin					2. Issuer Name and Ticker or Trading Symbol Sharecare, Inc. [SHCR]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
														Directo			10% Ov					
(14)	(5	:4\	(M:441-)		-	Data	of Ear	liggt Trans	nantion	n (Mont	ı/Day	v/Voor\			_ [Officer below)	(give title		Other (s below)	specify		
(Last) (First) (Middle) C/O SHARECARE, INC.						3. Date of Earliest Transaction (Month/Day/Year) 10/03/2024										Chief Administrative Officer						
255 E PACES FERRY RD NE SUITE 700					L																	
(Stroot)					- 4.	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) ATLANTA GA 30305			30305										S	Form filed by More than One Repo			Ü					
(City)	(S	tate)	(Zip)		Person																	
		Та	ble I - Nor	n-Deriv	vativ	/e Se	cur	ities Ac	quir	ed, D	ispo	osed o	f, or B	enef	icially	Owned						
1. Title of Security (Instr. 3) 2. Trans: Date (Month/L						action 2A. Deemed Execution Date, if any (Month/Day/Year)			´ Co	Transaction Disposed Of (D) (Instr. 3, 4 Code (Instr.					Beneficia Owned F	s Form Illy (D) o ollowing (I) (In		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
									Co	ode V	,	Amount	(A) (D)	or	Price	Transacti	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common Stock 10/03					3/202	5/2024		1	M		125,00	00 .	4	(1)	615	5,684		D				
Common Stock 10/03				3/202	3/2024			F		2,937	7])	\$1.42	612,747		D						
			Table II -					ies Acq /arrants								Owned						
Security or (Instr. 3) Pri	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Yea	ate, Ti	Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expir	6. Date Exercisal Expiration Date (Month/Day/Year		of Securities		urity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti	Ownersh Form: Direct (D or Indirect (I) (Instr.		Beneficial Ownershi ct (Instr. 4)			
				c	Code	v	(A)	(D)	Date Exerc	cisable	Exp Dat	piration te	Title	or Nu	ount mber Shares		(Instr. 4)	011(3)				
Restricted Stock Units	(1)	10/03/2024			М			125,000		(1)		(1)	Commo	1 12	5,000	\$0	1,125,0	000	D			

Explanation of Responses:

1. On June 14, 2024, Reporting Person was granted 1,500,000 Restricted Stock Units ("RSUs"), which vest from 2024 - 2026 in twelve equal installments. 1/12 of the RSUs vested and were settled on October 3, 2024 (2,937 of which were withheld by issuer to cover the required withholding taxes of RSUs). RSUs converted into common stock ("Common Stock") of Sharecare, Inc. (the "Company") on a one-for-one basis.

Remarks:

/s/ Christie J. Miller, Attorneyin-Fact for Reporting Person ** Signature of Reporting Person

10/07/2024

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.