FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | DC | 205/10 |
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| vvasiiiigtori, | D.C. | 20549 |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OM | OMB APPROVAL | | | | | | | | |
|-----------|--------------------------|--|--|--|--|--|--|--|--|
| OMB Nun | OMB Number: 3235-0287 | | | | | | | | |
| Estimated | Estimated average burden | | | | | | | | |
| hours ner | hours per response: | | | | | | | | |

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

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* ALLRED JEFFREY A | | | | 2. Issuer Name and Ticker or Trading Symbol Sharecare, Inc. [SHCR] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|---|--|---|--|---|-----------------|----------------------|--|----------|--|-----------------|---|--|----------------|--|---|---------|
| ALLRI | LD JEFFE | KEY A | | ا | | <u>cure, 11</u> | <u></u> [| orrore j | | | | | X Directo | or | | 10% Ov | vner |
| (Last) | (Fi | , | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 09/07/2021 | | | | | | | | Officer below) | (give title | | Other (s below) | specify |
| 255 EAST PACES FERRY ROAD NE SUITE 700 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | ΓA GA | A | 30305 | | | | | | | | | - 1 | X Form f | iled by More | • | orting Perso One Repo | |
| (City) | (Si | ate) | (Zip) | | | | | | | | | | | | | | |
| | | Tab | le I - Non-D | Derivativ | e Se | curities | s Ac | quired, C | Disp | osed o | f, or Be | neficial | ly Owned | ı , | | | |
| Date | | | Transaction ate Month/Day/Y | Execution Date | | Date, | r, Transaction Dispo | | Disposed | rities Acquired (A) ed Of (D) (Instr. 3, 4 | | Benefici | es Fo ally (D Following (I) | Form (D) or | . Ownership orm: Direct D) or Indirect) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | Code | v | Amount | (A) or (D) | Price | Transaci (Instr. 3 | tion(s) | | | (111501.4) | |
| 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | Code | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | | xpiration ate | Title | Amount or Number of Shares | | | | | |
| Restricted Stock Units | (1) | 09/07/2021 | | A | | 19,000 | | (2) | | (2) | Common Stock | 19,000 | \$0.00 | 19,000 |) | D | |

Explanation of Responses:

- 1. Each restricted stock unit 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. The restricted stock units will vest on the earlier of (i) the first annual meeting of the Company's stockholders following the grant date and (ii) July 1, 2022, subject to the Reporting Person's continued service as a director of the Company.

Remarks:

/s/ Christie J. Miller, Attorneyin-fact for Reporting Person

09/09/2021

** 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.