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

**OMB APPROVAL** 3235-0287 Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Whaley Dawn						2. Issuer Name and Ticker or Trading Symbol Sharecare, Inc. [ SHCR ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)      Director 10% Owner					
(Last) (First) (Middle) C/O SHARECARE, INC.				lle)	3. Date of Earliest Transaction (Month/Day/Year) 08/13/2024										Officer (give title Other (specify below)  President, CMO					
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)					
(Street) ATLANTA GA 30305					Form filed by One Reporting Person  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.															ded to
		Table	e I -	Non-Deriva					<del>-</del>	ired,	Dis	sposed c	of, or	Benefic	ially Own	ed				
				2. Transaction Date (Month/Day/Ye	ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code	Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I)		7. Nature of Indirect Beneficial Ownership		
									Cod	e V	A	mount	(A) or (D)	Price	Reported Transaction (Instr. 3 and	n(s) d 4)	(Instr. 4)	)	(Instr.	4)
Common Stock 08/1				08/13/202	4				<b>S</b> <sup>(1)</sup>		2	268,000	D	\$1.375	1,166,0	635	D	D		
Common Stock														959,756		I		By Arnold Media Group, LLC <sup>(2)</sup>		
Common Stock														551,193		I		By Queen B Family Management Company, LLLP <sup>(2)</sup>		
		Ta	able	II - Derivati (e.g., pu								osed of, converti				d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Ex if a	Execution Date, if any		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration e (Month/Das			Amo Secu Unde Deriv	tle and unt of irities erlying vative irity (Instr. d 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	e V		A)		)ate Exercis	able	Expiration Date	ı Title	Amount or Number of Shares						

## **Explanation of Responses:**

- 1. Such shares were sold by Reporting Person to cover tax liabilities associated with the recent vesting of Restricted Stock Units (RSUs).
- 2. Reporting Person is the beneficial owner and has sole voting and investment power over the securities reported herein held by this entity.

#### Remarks:

/s/ Christie J. Miller, Attorney-08/15/2024 in-Fact for Reporting Person

\*\* 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.