Instruction 1(b)

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 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

1. Name and Address of Reporting Person* Ronen Michael						2. Issuer Name and Ticker or Trading Symbol Sharecare, Inc. [SHCR]									ationship o k all applic Directo	able)	g Pers	son(s) to Iss 10% Ov	
(Last) (First) (Middle) C/O FALCON CAPITAL ACQUISITION COR 660 MADISON AVENUE, 12TH FLOOR				RP.	3. Date of Earliest Transaction (Month/Day/Year) 07/01/2021 4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Indi	below)	(give title	Filing	Other (s below)	
(Street) NEW Y(10065 (Zip)												X Form filed by One Reporting Person Form filed by More than One Reporting Person				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Trans Date (Month/I						ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code	Transaction Disp Code (Instr. 5)		rities Acquired (A) or ed Of (D) (Instr. 3, 4 a			5. Amour Securitie Beneficia Owned F Reported	es For ally (D) Following (I) (n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	· v	Amount	(A) or (D)		ce	Transaction(s) (Instr. 3 and 4)				(111501.4)
Class A Common Stock 07/01/					/202	2021		С		20,00	20,000 A		\$ <mark>0</mark>	20,000			D		
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 D if any (Month/Day/	ate, T	ransa ode (l		of		6. Date Expirati (Month/	on Dat		7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)			B. 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)	Beneficial Ownership (Instr. 4)
				c	ode	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amor or Numl of Share	oer					
Class B Common Stock	(1)	07/01/2021			С			20,000	(1)		(1)	Class A Common Stock	20,0	00	\$0	0		D	

Explanation of Responses:

1. In connection with the completion of the Issuer's business combination (the "Business Combination") pursuant to the Agreement and Plan of Merger, dated February 12, 2021 (the "Merger Agreement") by and among Falcon Capital Acquisition Corp. ("FCAC"), Sharecare, Inc. ("Legacy Sharecare"), FCAC Merger Sub Inc. ("Merger Sub"), and Colin Daniel solely in his capacity as representative of the stockholders of Legacy Sharecare (the "Representative"), the shares of Class B Common Stock automatically converted into shares of Class A Common Stock on a one-for-one basis for no additional consideration. As part of the Business Combination, FCAC changed its name to Sharecare, Inc. (the "Issuer") upon closing of the Business Combination on July 1, 2021 (the "Closing").

Remarks:

In connection with the Closing, the Reporting Person is no longer a director of the Issuer.

/s/ Daniel Nussen, Attorney-infact 07/06/2021

** 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.