FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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 exist, the officeasting ald force to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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* LAYTON BRENT D						2. Issuer Name and Ticker or Trading Symbol Sharecare, Inc. [SHCR]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
LATION BRENT D															_			10% Ov	· I	
// D	, -		O Date of Feeting Transaction (Marth/De 2004)										Officer (below)	(give title		Other (s	specify			
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 10/03/2024										Chief Executive Officer					
C/O SHARECARE, INC.						10,00,202									0.			0111001		
255 E. PA	ACES FERI	RY RD. NE, SU										_								
						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) ATLANTA GA 30305												1 2	Form filed by One Reporting Person				,			
													"	_		than One Reporting				
															Person					
(City)	(S	tate)	(Zip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transac										4. Securities Acquired (A)					5. Amount of		6. Ownership		7. Nature of	
Date (Month/E					Execution Da			n Date, Transaction Code (Inst						3, 4 and 5) Securities Beneficia				Indirect Beneficial	
				•	(Month/Day/Ye						<u> </u>				Owned Fe		(l) (Ins	Instr. 4)	Ownership (Instr. 4)	
								c	Code	,	Amount	(A (D) or)	Price	Transacti (Instr. 3 a	ion(s)			(
Common Stock 10/03/					/2024			M		833,3	33	A	(1)	2,290,308			D			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
							arrants		,	•		•		•	JWIICG					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Ye	Code	saction e (Instr.			Expi	ate Exer piration D onth/Day/	ate	of Securities		curity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	s silly	10. Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership t (Instr. 4)		
										Т				mount		Transaction(s) (Instr. 4)	on(s)			
				Code	e v	(A)	(D)	Date Exer	e rcisable	Ex Da	piration	Title	OI N			, ,				
Restricted					\top	 				\vdash			\top				_			
Stock Units	(1)	10/03/2024		M			833,333		(1)		(1)	Commo	n 8	33,333	\$ 0	7,500,0	001	D		

Explanation of Responses:

1. On January 2, 2024, Reporting Person was granted 10,000,000 Restricted Stock Units ("RSUs"), vesting in twelve equal installments quarterly from 2024 - 2026. Accordingly, 833,333 RSUs vested and were settled on October 3, 2024. RSUs convert 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

10/07/2024

** 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.