FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number: 3235-028 Estimated average burden									
	hours per response	e: 0.5								

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* Blalock Michael				2. Issuer Name and Ticker or Trading Symbol Sharecare, Inc. [SHCR]									5. Relationship of Reporting Person(s) to (Check all applicable) Director 10% C V Officer (give title Other						
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 11/15/2023								^ belov	v) `		ner (specify low) cer)``		
C/O SHARECARE, INC. 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)	ΓA GA	Λ 3	0305											X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(Sta	ate) (Z	Zip)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursua satisfy the affirmative defense conditions of Rule 10b5-1(c). Se							uant to a c							
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Date			2. Transact Date Month/Day	Execution Date		oate,	3. Transa Code (8)					5. Amount of Securities Beneficially Owned Following Reported		6. Ownershi Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect	al			
								Code	v	Amount	(A) or (D)	Price	Transac (Instr. 3	ction(s)		(IIISU. 4)	(instr. 4)		
Common	Stock			11/15/2	023				F ⁽¹⁾		2,939	D	\$1.10	5 58	3,870	D			
Common Stock													4,	.000	I	Stock held in a custodia brokera account for the benefit Reporti Person's children	al al age t		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration Da (Month/Day/\)		ate	3 and 4	nt of ties ying tive ty (Instr.	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	Owner S Form: Direct or Indi (I) (Ins	(D) Benefi Owner	irect icial rship				
					Code V		(A)	(D)	Date Exercisable		Expiration Date		Amount or Number of Shares						

Explanation of Responses:

1. No shares were sold by Reporting Person. As previously reported, on June 6, 2023, Reporting Person was granted 39,063 restricted stock units ("RSUs") in lieu of guaranteed cash base salary (as elected by Reporting Person). The RSUs vest twenty-five percent (25%) each on August 15, 2023, November 15, 2023, February 15, 2024 and May 15, 2024, respectively, provided that Reporting Person is still employed by the Company or an affiliate thereof through the applicable vesting date. The transaction reported on this Form 4 reflects withholding of shares by the Company to cover the withholding taxes due upon vesting of 25% of the RSUs on November 15, 2023.

Remarks:

/s/ Christie J. Miller, Attorney-11/17/2023 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.