FORM 4

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D C	20540
wasnington.	D.C.	20049

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287

Estimated average burden hours per response: 0.5

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* Ratliff Carrie					2. Issuer Name and Ticker or Trading Symbol Sharecare, Inc. [SHCR]								Relationship of Reporting Person(s) to Issuer (Check all applicable) Director					
(Last)	(F ARECARE,	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/14/2024					7	below)	give title Chief Le	gal O	Other (specificer	pecity			
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 G	A	30305								Form filed by One Reporting Person Form filed by More than One Reporting Pe							
(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.								atisfy the					
		Т	able I - Non	-Deriva	tive S	Securitie	s Ac	quired,	Disp	posed (of, or B	enefi	cially (Owned				
Date				2. Transac Date (Month/Da	Execution Date		Date	ate, Transac				Securitie Beneficia Owned F		Forr lly (D) o		Direct Indirect Etr. 4)	7. Nature of ndirect Beneficial Ownership	
								Code	v	Amount	Amount (A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)				nstr. 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	action (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		erlying	8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Benefici Owned Followin Reporter Transact	ve es ally ng d	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title		ount or ober of res		(Instr. 4)			
Restricted Stock Units	(1)	06/14/2024		A		1,250,000		(2)		(2)	Common	1,25	50,000	\$0	1,250,	,000	D	

Explanation of Responses:

- 1. Each restricted stock unit ("RSU") 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. Represents annual equity grants to employees. One-twelfth (1/12) of the RSUs will vest on the grant date (with settlement within thirty (30) days thereof). Thereafter one-twelfth (1/12) of the RSUs will vest quarterly on June 30, September 30, and December 31 of each of 2024, 2025, and 2026 and March 31 of 2025 and 2026, provided that Reporting Person is still employed by the Company or an affiliate thereof through the applicable vesting dates.

Remarks:

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

06/18/2024

** 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.