FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington, D.C. 20549
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STATEMENT	OF CHAI	NGES IN BE	ENEFICIAL	OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated averag	e burden									
hours per respons	se· 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

Name and Address of Reporting Person*     Daniel Colin				2. Issuer Name and Ticker or Trading Symbol Sharecare, Inc. [ SHCR ]								(Check all app Direct		ctor		10% Ov	ner		
(Last)	(Fir	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/15/2024								X	below	Officer (give title below)  Chief Adminis		Other (speci below) trative Officer		
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 Applicabl Line)					·		
(Street) ATLAN	(Street) ATLANTA GA 30305													X	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 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.									nded to					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da				Execution Da		Date,	3. Transaction Code (Instr. 8)					, 4 and Secu Bene Own		cially Following	Form (D) o	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) (D)	or Pri	се		orted nsaction(s) tr. 3 and 4)			(Instr. 4)	
Common Stock 05/15/				2024 F			F <sup>(1)</sup>		5,099	D	\$	0.75	35	8,559		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)	Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any			Transaction Code (Instr. 8) Sec Acq (A) & Disp of (I		osed ) r. 3, 4	6. Date Exerci Expiration Dat (Month/Day/Ye		te Amount of		nt of ities lying itive ity (Insti	Der Sed (Ins	Price of rivative curity str. 5)	ve derivative Securities		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code V		(A)	(D)	Date Exercisable		Expiration Date	Amou or Numb of Title Share		r					

## **Explanation of Responses:**

1. No shares were sold by Reporting Person. As previously reported, on June 6, 2023, Reporting Person was granted 68,360 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 May 15, 2024.

## Remarks:

/s/ Christie J. Miller, Attorney-05/17/2024 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.

- $^{\star}$  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.