FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number:	3235-0287								
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

						JI Seci	1011 30(11)	or the	investine		ompany Act	01 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 Issuer (Check all applicable) Director 10% Owner						
				- -	ļ									i (give title		Other (s			
(Last)	(F	ïrst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/14/2024								below)			below)			
C/O SHARECARE, INC.						00/14/2024								Chief Accounting Officer					
255 E. PACES FERRY RD. NE, SUITE 700					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
-					- -									Form fi	led by On	e Repo	orting Persor	ı	
(Street)	TA G	A	30305											Form fi Person		re thar	n One Report	ting	
(City)	(S	itate)	(Zip)		Rule 10b5-1(c) Transaction Indication														
Check this box to indicate that a transaction was made pursuant to a contract, instruction or wr the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										or written p	olan tha	t is intended to	o satisfy						
		Та	ble I - Nor	n-Deriv	vativ	ve Se	curitie	s Ac	quired,	Dis	sposed o	of, or Be	neficiall	y Owned					
Date					ansaction hth/Day/Year)		2A. Deemed Execution Date if any (Month/Day/Yea		Code (Instr					5) Securitie Beneficia Owned F	5. Amount of Securities Beneficially Owned Following		: Direct I r Indirect I str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) ((D)	Price	Reported Transacti (Instr. 3 a				Instr. 4)	
			Table II -								oosed of converti			Owned					
	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	ate, T	4. Transactior Code (Instr r) 8)				6. Date Exercisable au Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivativ Securitie Beneficia Owned Followin Reported Transact	e es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownershi t (Instr. 4)	
				Г									Amount]	(Instr. 4)	.011(5)			
				c	Code	v	(A)	(D)	Date Exercisa	ble	Expiration Date	Title	Number of Shares						
Restricted Stock Units	(1)	06/14/2024			A		550,000		(2)		(2)	Common Stock	550,000	\$0	550,0	00	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 Foot for Borneyting Borneyting 06/18/2024

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.

* 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.