FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
vvasiliigion,	D.C.	20040

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).

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* Mnuchin Alan G.			2. Issuer Name and Ticker or Trading Symbol Sharecare, Inc. [SHCR]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Willucinii Alan O.							•					V Director	r		10% Ow	ner	
(Last)	(F	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 08/05/2022							Officer below)	(give title	title Other (sp below)		pecify	
C/O SHA	ARECARE,	INC.		ľ	0/03/1	2022											
255 E. PACES FERRY ROAD NE SUITE 700				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Ir	6. Individual or Joint/Group Filing (Check Applicable					
(Street)												- 1	,	led by One	Repo	rting Person	
ATLAN	ΓA G	A	30305	_										led by More		One Report	
(City)	(S	tate)	(Zip)														
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
Date				n/Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		, Transaction Dispos Code (Instr.		rities Acquired (A) or ed Of (D) (Instr. 3, 4 a		Beneficia Owned Fo	s Form Illy (D) o ollowing (I) (Ir		n: Direct Indirect Enstr. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	, ,	Amount	(A) o (D)	r Price	Transacti	Reported Transaction(s) (Instr. 3 and 4)			Instr. 4)
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																
Security or Exercise (Month/Day/Year) if any		Execution Date,	Code (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)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)		Date Exercisable		piration te	Title	Amount or Number of Shares		(Instr. 4)			
Restricted Stock Units	(1)	08/05/2022		A		121,019		(2)		(2)	Common Stock	121,019	\$0	121,01	9	D	

Explanation of Responses:

- 1. Each restricted stock unit 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. The payment of such shares will be deferred in accordance with the Reporting Person's election pursuant to the Issuer's non-employee director deferral plan.
- 2. The restricted stock units will vest on the earlier of (i) the next annual meeting of the Company's stockholders following the grant date and (ii) August 5, 2023, subject to the Reporting Person's continued service as a director of the Company

Remarks:

/s/Christie J. Miller, Attorneyin fact for the reporting person

08/09/2022

** 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.