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FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

					or Sec	tion 30(h) of the	Investm	ent Co	npany Act	t of 19	940							
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)						
<u>Dialock Wiender</u>													Directo	-		10% Ov		
						<u> </u>						<u> </u>	below)	(give title		Other (s below)	specity	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)								, , ,	ief Acco	unting	g Officer		
C/O SHARECARE, INC.					01/23/.	01/25/2023							Ch	101 1 1000	uniting	, onicer		
255 E. PACES FERRY RD. NE, SUITE 700																		
					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Inc	6. Individual or Joint/Group Filing (Check Applicable					
(Street)														Line)				
ATLAN	TA G	A	30305									Form f	iled by On	e Repo	rting Persor	า		
													Form filed by More than One Reporting Person					
(City)	(S	State)	(Zip)															
		Та	ble I - Nor	n-Deriv	ative S	ecurities Ac	quirec	, Dis	posed (of, o	or Bene	ficially	Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					2A. Deemed Execution Date, if any (Month/Day/Yea	3. Transaction Code (Instr. r) 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) Securitie Beneficia Owned F	5. Amount of Securities Beneficially Owned Following		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
						Code	v	Amount		(A) or (D)	Price	 Reported Transaction(s) (Instr. 3 and 4) 				(Instr. 4)		
						curities Acq ls, warrants							Dwned					
1. Title of Derivative Security	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da		ansaction	5. Number of Derivative	Expirati	Expiration Date of Se			itle and A Securities		8. Price of 9. Num Derivative derivati		e	10. Ownership Form:	11. Nature of Indirect	

Securit (Instr. 3	y or Exercise		if any (Month/Day/Year)	Code	de (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		(Month/Day/Y		Underlying Derivative Security (Instr. 3 and 4)		Security (Instr. 5)	Beneficially Owned Following Reported	Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Restric Stock Units	ed (1)	01/25/2023		А		156,904		(2)	(2)	Common Stock	156,904	\$0	156,904	D	

Explanation of Responses:

1. 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.

2. One-third (1/3) of the restricted stock units will vest on each of the first three anniversaries of 1/25/23, provided that reporting person is still employed by the Company or an affiliate thereof through the applicable vesting dates.

Remarks:

<u>Christie J. Miller, Attorney-in-</u> <u>Fact for Reporting Person</u> 01/27/2023

Date

** Signature of Reporting Person Da

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.