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 or Section 30(h) of the Investment Company Act of 1940

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1. Name a	2. Issuer Name <b>and</b> Ticker or Trading Symbol Sharecare, Inc. [ SHCR ]								5. Relationship of Reporting Pe (Check all applicable) Director			10	10% Owner						
(Last) (First) (Middle) C/O SHARECARE, INC.					3. Date of Earliest Transaction (Month/Day/Year) 06/09/2023								X Officer (give title Other (specify below) below)  President, CMO					pecify	
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) ATLANTA GA 30305														X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)				Rule 10b5-1(c) Transaction Indication  X 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.															
		Table	I - Non-Deriva	tive S	Secu	rities	Acq	quire	d, D	isposed o	of, or I	Benefic	ially Owr	ned					
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Ye	ar) Ex	2A. Deemed Execution Date, if any (Month/Day/Year)		C	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							C	ode	v	Amount	(A) or (D)	Price	Reported Transaction (Instr. 3 and		(		(	,	
Common Stock			06/09/2023	3				A		97,657(1)	A	\$0	468,053		D				
Common Stock													551,193		I		By Queen B Family Management Company, LLLP <sup>(2)</sup>		
Common Stock												959,7	756 I			By Arnold Media Group, LLC <sup>(2)</sup>			
		Tab	ole II - Derivati (e.g., pu	ve Se ts, ca	ecurit alls, v	ies A varra	.cqu nts,	ired opt	, Dis	sposed of , converti	, or Bo	eneficia curitie	ally Owne s)	ed					
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any				Transaction Number Code (Instr. of		ative ities red sed 3, 4	Expi	ration	ercisable and Date ylYear)	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4		Derivative Security (Instr. 5) OF FC		Securities F Beneficially Council Coun		ership : t (D) lirect str. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V (A) (I		(D)	Date Exercisal		Expiration le Date	Numb									

## **Explanation of Responses:**

1. Represents the grant of restricted stock units ("RSUs") in lieu of guaranteed cash base salary (as elected by the individual) as more fully described in the Company?s Form 8-K filed on May 31, 2023. Such 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.

2. The reporting person is the beneficial owner and has sole voting and investment power over the securities reported herein held by this entity.

## Remarks:

/s/ Christie J. Miller, Attorney-in-fact for the

06/13/2023

reporting person

\*\* 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.