FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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| ashington. | D.C. | 20549 | |

| | OMB APPROVAL |
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| | Check this box if no longer subject to |
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| \Box | Section 16. Form 4 or Form 5 |
| \cup | 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

| Name and Address of Reporting Person* Mohammed Jaffry | | | | | 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 V Officer (give title Other (specify | | | | | | |
|---|--|--|---|-----------------|--|--|-----|--|------|---------------------------------|---|---|-----------------------------|--|--|-----------------------------|--|--|
| (Last) | , | irst) | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 01/25/2023 | | | | | - | below) below) Chief Operating Officer | | | | | | | |
| C/O SHARECARE, INC. 255 E PACES FERRY RD NE SUITE 700 | | | | | | | | | | | | | | | | | | |
| (Street) ATLAN7 (City) | | A State) | 30305 (Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | 6. Indi Line) X | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| Date | | | 2. Transact Date (Month/Day | Execution Date, | | , Transaction Disposed Of (D) (| | ies Acquired (A) or Of (D) (Instr. 3, 4 and 5) | | Securities For Beneficially (D) | | Form: | Direct Indirect Etr. 4) | . Nature of ndirect Beneficial Ownership Instr. 4) | | | | |
| | | | | | | | | Code | v | Amount | mount (A) or (D) | | Price | Transaction(s) (Instr. 3 and 4) | | | | |
| | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | Code | | 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 Amou Securities Under Derivative Securi (Instr. 3 and 4) | | derlying curity | 8. Price of Derivative Security (Instr. 5) | 9. Numb derivativ Securitie Benefici Owned Followin Reported Transact | re es ally eg d | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | e E: | xpiration ate | Title | Nu | nount or mber of ares | | (Instr. 4) | | | |
| Restricted Stock Units | (1) | 01/25/2023 | | A | | 1,161,088 | | (2) | | (2) | Commo | n 1, | 161,088 | \$0 | 1,161, | .088 | D | |

Explanation of Responses:

- 1. I. 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

Remarks:

/s/ Christie J. Miller, Attorneyin-Fact for Reporting Person

01/27/2023

** 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.