## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

1. Name and Address of Reporting Person * <u>Mallett Veronica</u>				r Name <b>and</b> Ticke care, Inc. [S	0,	nbol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last)	, , , , , ,		3. Date 05/17/	of Earliest Transac 2023	tion (Month/Da	y/Year)		Officer (give title below)		(specify		
C/O SHARECARE, INC. 255 E. PACES FERRY RD. NE SUITE 700				If Amendment, Date of Original Filed (Month/Day/Year)       6. Individual or Joint/Group Filing (Check Applicable Line)         X       Form filed by One Reporting Person         Form filed by More than One Reporting Person								
(Street) ATLANTA GA 30305		Rule	Rule 10b5-1(c) Transaction Indication									
(City) (State) (Zip)				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-Derivative Securities Acquired, Disposed of, or Beneficially Owned												
4 THE OF COM			2 Transaction	24 Deemed	2	4 Securities Acquired (A)	or	E Amount of	6 Ownorchin	7 Noturo o		

	T. The of Security (insu. 5)	Date (Month/Day/Year)	ate Execution Date,		tion Istr.	Disposed Of (D) (Instr. 3, 4 and 5)			Beneficially Owned Following	Indirect Beneficial Ownership
				Code	v		(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)
1										 

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

	1	1		1	_					1		<u> </u>			
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)	4. Transac Code (In 8)		5. Number Derivative Securities Acquired or Dispo of (D) (In 3, 4 and	rative Expiration Date rities (Month/Day/Year) ired (A) sposed ) (Instr.		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 Ownershij (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)		
Restricted Stock Units	(1)	05/17/2023		Α		131,034		(2)	(2)	Common Stock	131,034	\$ <mark>0</mark>	131,034	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 2024 annual meeting of the Company's stockholders and (ii) May 17, 2024, subject to the Reporting Person's continued service as a director of the Company.

## Remarks:

Christie J. Miller, Attorney-in	- 05/10/2022
Fact for Reporting Person	<u>05/19/2023</u>

Date

\*\* Signature of Reporting Person

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.