FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 OMB Number: 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

Name and Address of Reporting Person* Ratliff Carrie						2. Issuer Name and Ticker or Trading Symbol Sharecare, Inc. [SHCR]									lationship of ck all applica Director	able)	Reporting Person(s) to Issuer le) 10% Owner			
(Last)	(First) (Middle) HARECARE, INC.				3. Date of Earliest Transaction (Month/Day/Year) 07/11/2024									V	below)	give title Chief Le	other (specify below) f Legal Officer		pecify	
255 E PACES FERRY RD NE SUITE 700						4. If Amendment, Date of Original Filed (Month/Day/Year)									. Individual or Joint/Group Filing (Check Applicable ine)					
(Street) ATLANTA GA 30305															-	Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip)					Rule 10b5-1(c) Transaction Indication 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																				
1. Title of Security (Instr. 3) 2. Transa Date (Month/L							2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4				Beneficia Owned Fo	es Formally (D) (Following (I) (I		: Direct I · Indirect I str. 4) (7. Nature of Indirect Beneficial Ownership	
									de V	Aı	mount	(A) (D)	or	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 07/11.					/2024		N	И		104,166		A	(1)	446,	,731		D			
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 Da if any (Month/Day/Y	Co	e, Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		e Exerc ation Da h/Day/Y	ate		7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)	
				Co	de V	(A)	(D)	Date Exerc	isable	Expir Date	ration	Title	or Nur	ount nber Shares		(Instr. 4)	5.1(5)			
Restricted Stock Units	(1)	07/11/2024		N	И		104,166	(:	1)	((1)	Common Stock	104	4,166	\$0	1,145,8	334	D		

Explanation of Responses:

1. On June 14, 2024, Reporting Person was granted 1,250,000 Restricted Stock Units ("RSUs"), which vested from 2024 - 2026 in twelve equal installments. 1/12 of the RSUs vested on the grant date and were settled on July 11, 2024. RSUs converted into common stock ("Common Stock" of Sharecare, Inc. (the "Company") on a one-for-one basis.

Remarks:

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

07/15/2024

** 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.