FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APP	ROVAL								
OMB Number:	3235-0287								
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).

## 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

							75(1.)				iipaiiy Act c									
Name and Address of Reporting Person*     Ratliff Carrie					2. Issuer Name <b>and</b> Ticker or Trading Symbol Sharecare, Inc. [ SHCR ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner						
<u>Ratiff Carre</u>														╛	Office	ctor er (give title		Other (s		
7						3. Date of Earliest Transaction (Month/Day/Year)								X belov			below)	specify		
(Last) (First) (Middle) C/O SHARECARE, INC.						06/09/2023									Chief Legal Officer					
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)						
(Ctt)															X Form filed by One Reporting Person					
(Street) ATLANTA GA 30305												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	l - No	n-Deriva	tive S	ecur	ities	Acq	uired,	Dis	posed of	, or	Bene	eficia	ılly Owr	ned				
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day					Execution Date			oate,	3. Transaction Code (Instr. 8) 4. Securities Acqu Disposed Of (D) (I 5)					Securi Benefi Owned	5. Amount of Securities Beneficially Owned Following		n: Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(4	A) or D)	Price							
Common Stock 06/09/20						2023			A		86,806	1)	A	\$0	15	157,735		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)	if any	ition Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisabl Expiration Date (Month/Day/Year)		te	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and			3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4)	Owi For Dire or li (I) (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amo or Num of Shai	ber						

## 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.

## Remarks:

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

06/13/2023

reporting person

\*\* 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.