FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington. | D.C. | 20549 | |
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| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|------------|---------------|------------------|

| OMB APPROVAL | | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| 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).

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* ARNOLD JEFFREY T | | | | | 2. Issuer Name and Ticker or Trading Symbol Sharecare, Inc. [SHCR] | | | | | | | | ble) | ersor | 10% Ow | ner | |
|--|---|--|---|---|--|--|-------|--|---|----------|---|--|---|---|--------|--|--|
| (Last) (First) (Middle) C/O SHARECARE, INC. 255 E. PACES FERRY RD. NE SUITE 700 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/25/2023 | | | | | X | X Officer (give title Other (specify below) Co-Founder, Chairman and CEO | | | | | | |
| (Street) ATLAN | | A State) | 30305 (Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Inc Line) | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/L | | | te | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (Instr. | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownershi Form: Direc (D) or Indire (I) (Instr. 4) | | Nature of direct eneficial wnership nstr. 4) | | | | |
| | | | | Code V Amount (A) or (D) | | | Price | Transactio | ction(s) | | " | 1150.4) | | | | | |
| 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 (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisa Expiration Date (Month/Day/Year | | te Secui | | d Amount of Underlying Security nd 4) | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | v | (A) | (D) | Date Exercisable | | | Amount or Number of Shares | | (Instr. 4) | | | | |
| Restricted Stock Units | (1) | 01/25/2023 | | A | | 3,765,691 | | (2) | | (2) | Common Stock | 3,765,691 | \$0 | 3,765,69 | 1 | 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.
- 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, Attorney- in 01/27/2023 fact for the 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.