FORM 4

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UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	205/10
wasiiiigton,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

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			- 1	2. Issuer Name and Ticker or Trading Symbol Sharecare, Inc. [SHCR]							(Ch	eck all applic Director	able)	ing Person(s) to Iss 10% C			
(Last) (First) (Middle) C/O SHARECARE, INC.					3. Date of Earliest Transaction (Month/Day/Year) 01/17/2022							below)			below)		
255 EAST PACES FERRY ROAD NE SUITE 700																	
(Street) ATLANT			30305 (Zip)	4.							Line) X Form fi Form fi	dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
(- 9)			ble I - Non-De	rivativ	ve Se	ecurities	s Acc	guired, D	ispo	sed o	f, or Be	neficiall [,]	/ Owned				
Date				Saction ZA. Deemed Execution Date, if any (Month/Day/Year)		3. Transact Code (In: 8)	ion D	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) Amount (A) or (D)		tr. 3, 4 and	5. Amoun Securities Beneficia Owned For Reported Transacti (Instr. 3 a	s I lly (ollowing (on(s)	6. Owne Form: D (D) or In (I) (Instr.	irect Ir direct B . 4) O	. Nature of ndirect eneficial ewnership nstr. 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)	4. Transa Code (8)		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 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)	y O F D oi (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)		Date Exercisable	Exp	oiration e	Title	Amount or Number of Shares		(Instr. 4)	(e)		
Restricted Stock Units	(1)	01/17/2022		A		278,551		(2)		(2)	Common Stock	278,551	\$0.00	278,551	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. Twenty-five percent (25%) of the restricted stock units will vest on each of the first four anniversaries of 01/17/2022, provided that reporting person is still employed by the Company or an affiliate thereof through the applicable vesting dates, and further provided that all unvested restricted stock units shall become fully vested on any involuntary termination of reporting person's employment by the Company without cause or any termination by reporting person for good reason.

Remarks:

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

01/19/2022

** 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.