FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL										
	OMB Number:	3235-0287									
	Estimated average b	urden									
- 1	l 6	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*  ALLRED JEFFREY A					2. Issuer Name and Ticker or Trading Symbol Sharecare, Inc. [ SHCR ]										Relationship of Reporting Person(s) to Issuer     (Check all applicable)						
ALLKI	ED JEFFI	KEY A			1		,								2	Directo	r		10% Ov	vner	
(Last) (First) (Middle) C/O SHARECARE, INC.						3. Date of Earliest Transaction (Month/Day/Year) 06/10/2022										Officer below)	(give title		Other (s below)	specify	
255 E. PACES FERRY RD. NE SUITE 700					4.1	If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable					
(Street)															Line) X Form filed by One Reporting Person						
ATLAN	ΓA G	A	30305		_									Form filed by More than One Reporting Person							
(City)	(St	ate)	(Zip)																		
		Tab	le I - Nor	n-Deri	vativ	e Se	curit	ies Ac	qu	ired,	Disp	osed c	of, or	Bene	eficiall	y Owned					
Date				Date	Transaction te onth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		,	3. Transac Code (I 8)	ction nstr.	4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)					es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										Code	v	Amount	(	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)					
Common	Stock			06/1	/10/2022					M		19,00	00	A	(1)	39,628			D		
Common	Stock															340	,568		I	By Griffeon Capital Partners, LLC <sup>(2)</sup>	
Common Stock															44,969			I	By Jeffrey A. Allred IRA <sup>(2)</sup>		
		٦	Гable II -									sed of, onverti				Owned					
1. Title of Derivative Security (Instr. 3)	ivative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any			ransaction Code (Instr.		n of E		Date Ex piration onth/Da	Date			ecurity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Da Ex	ite ercisab	le E	xpiration ate	Title	0 N 0	lumber						
Restricted Stock Units	(1)	06/10/2022			M			19,000		(3)		(3)	Comr		9,000	\$0	0		D		

## **Explanation of Responses:**

- 1. Filed to report vesting of Restricted Stock Units ("RSUs"). RSUs converted into common stock on a one-for-one basis.
- 2. The reporting person is the beneficial owner and has sole voting and investment power over the securities reported herein held by this entity.
- 3. On September 7, 2021, the Reporting Person was granted 19,000 RSUs, which vest on the earlier of (i) the first annual meeting of the Company's stockholders following the grant date and (ii) July 1, 2022, subject to the Reporting Person's continued service as a director of the Company. The first annual meeting of the Company's stockholders was held on June 10, 2022.

## Remarks:

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

06/14/2022

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.