FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

14/		00540
Washington,	D.C.	20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-02									
Estimated average burden									
l	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* LAYTON BRENT D			2. Issuer Name and Ticker or Trading Symbol Sharecare, Inc. [SHCR]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
LAYIC	<u> JN BKEI</u>	NI D						,		,]						V Director			10% Ow	ner
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 04/02/2024								7	below)	(give title Other (sp below)		pecify		
C/O SHA	ARECARE,	INC.	04/0	12120) 4									Cł	Chief Executive 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)					
(Street)					1											Y Form fil	ed by One	Repo	rting Person	
ATLAN	ΓA G	A	30305												Form filed by More than One Reporting Person				ting	
(City)	(S	tate)	(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.																	
		Та	ble I - Noı	n-Deriv	ative	Sec	curi	ties Ac	qui	ired, [Disp	osed c	of, or	r Bene	eficially	/ Owned				
Date			2. Transa Date (Month/D	Day/Year) if an		2A. Deemed Execution Date, if any (Month/Day/Year)		, [Transaction Dispose Code (Instr.		rities Acquired (A) ed Of (D) (Instr. 3, 4		(A) or 3, 4 and 5	Beneficia Owned F	ies F ially (I Following (I		Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
										Code	v	Amount		(A) or (D)	Price	Reported Transacti (Instr. 3 a	tion(s)		[Instr. 4)
Common Stock 04/02				2/2024			M		833,333 A		A	(1)	(1) 890,401		D					
Common	Stock			04/02	2/2024					F		397,79	93	D	\$0.55	\$ 0.55 492,608 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/\)	ate, Tra	ansactio	ion Derivative E		Exp	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Co	ode V		(A)	(D)	Dat Exe	te ercisable		xpiration ate	Title	o N	mount r umber f Shares		(Instr. 4)			
Restricted Stock Units	(1)	04/02/2024		1	М	\top		833,333		(1)		(1)	Com Sto		33,333	\$0	9,166,6	667	D	

Explanation of Responses:

. On January 2, 2024, Reporting Person was granted 10,000,000 Restricted Stock Units ("RSUs"), vesting in twelve equal installments quarterly from 2024 - 2026. Accordingly, 833,333 RSUs vested and were settled on April 2, 2024 (397,793 of which were withheld by the issuer to cover the required withholding taxes of RSUs). RSUs convert 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

** Signature of Reporting Person Date

04/04/2024

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.