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FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

						JI JECI	uon 5	U(n) of the	enive	sument		прапу Аст	01 1940								
1. Name a Daniel	nd Address of		2. Issuer Name and Ticker or Trading Symbol Sharecare, Inc. [SHCR]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)									
						, L I										Director			10% O	· ·	
(Last) (First) (Middle)																	give title		Other ( below)	specify	
(Last)	(F		3. Date of Earliest Transaction (Month/Day/Year) 12/24/2021										below)	VP, Fina	ince a	,					
C/O SHA	ARECARE,	1	12/24/2021										-	, , , , , , , , , , , ,	unce u						
255 EAS	T PACES I	FERRY ROAD	NE SUITE	700																	
		4.	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable								
(Street)																Line)					
ATLAN	ATLANTA GA 30305															X Form filed by One Reporting Person					
,					_											Form fil Person	ed by Mor	re than	one Repo	rting	
(City)	y) (State) (Zip)																				
		Та	ble I - Noi	n-Der	rivativ	ve Se	ecur	ities Ac	cqui	ired, C	Dis	oosed o	of, or Be	enefi	cially	Owned					
1. Title of	Security (Ins	tr. 3)	insactio	ction 2A. Deemed				3.			ties Acqui					6. Ownership		7. Nature of			
,, , ,  D					Date (Month/Day/Year)			Execution Date, if any		, Transaction Disposed Of (D) (Instr. 3, 4 a Code (Instr.			1 and 5)	nd 5) Securities Beneficially			n: Direct r Indirect	Indirect Beneficial			
					(		(Month/Day/Year)								wned Following 🛛		istr. 4)	Ownership (Instr. 4)			
									6	Code \	/	Amount	(A) ( (D)	<sup>or</sup> P	rice	Transacti (Instr. 3 a	ion(s)			(1150.4)	
Common	Stock			12/	/24/20	21			1	<b>M</b> <sup>(1)</sup>		115,13	37 A		\$0. <mark>9</mark> 4	115,	,140		D		
Common	Stock			12/	/24/20	21				F <sup>(1)</sup>		61,18	5 D	, ;	\$4.96	53,955			D		
			Table II -	Deriv	vative	Sec	urit	ies Aco	wire	ed Di	sna	sed of	or Ben	efici	ally (	)wned				1	
												onvertil				micu					
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)	ate,		ransaction ode (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Date Exer Diration I Donth/Day	Date		7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti	ow For Silly Dir Or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
														Amo	ount		(Instr. 4)				
					Code	v	(A)	(D)	Date	e ercisable		Expiration Date	Title	Num	mber Shares						
Stock											╈				-+				1	1	
Options (right to buy)	\$0.94	12/24/2021			<b>M</b> <sup>(1)</sup>			115,137	07/	/01/2021	0	1/05/2022	Common Stock	115	,137	\$0.00	0		D		

Explanation of Responses:

1. No shares were sold by the Reporting Person. The transactions disclosed in the tables above reflect the cashless exercise of expiring stock options and the corresponding withholding of shares by the issuer to cover the exercise price and required withholding taxes of such options.

## **Remarks:**

/s/ Christie J. Miller, Attorney-01/04/2022 in-fact for Reporting Person

Date

\*\* Signature of Reporting Person

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.