FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

ington, D.C. 2054	19		

	OMB APPR	OVAL	
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287	
	Estimated average burden		

0.5

hours per response:

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

Name and Address of Reporting Person*     Varanakis Ann					2. Issuer Name and Ticker or Trading Symbol LifeStance Health Group, Inc. [ LFST ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify						
(Last)	(Fi	rst) (I HEALTH GRO	Middle) UP, INC	C.	3. Date of Earliest Transaction (Month/Day/Year) 03/08/2024						X	belov	Officer (give title below)  Chief Peop		below)	specify			
4800 N. SCOTTSDALE ROAD, SUITE 2300					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person						
(Street) SCOTTS	SDALE AZ	2 8	5251			Form filed by One Reporting Person  Form filed by More than One Reporting Person													
(City)	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																		
	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.																		
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	or E	3ene	ficial	y Own	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day				Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acquired (A Disposed Of (D) (Instr. 3)					ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	irect direct . 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount	(A) (D)	or	Price	Reported Transaction(s) (Instr. 3 and 4)				(111501. 4)
Common Stock 03/08/2					2024		A		83,217(1)	83,217 <sup>(1)</sup> A		\$0.00	.00 251,658		D				
Common	ommon Stock 03/08/2					2024		A		32,052 <sup>(2)</sup> A		\$0.00	.00 283,710		D				
Common	Common Stock 03/11/2					2024 S <sup>(3)</sup> 15,434 D		\$6.93	3 268,276		D								
		Tai									osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, Gecurity or Exercise (Month/Day/Year) if any		ion Date,		Transaction of Code (Instr. Derivative		vative crities cired r osed )	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Str.	Price of erivative ecurity astr. 5)		Ow For Dire or I (I) (	nership	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	Code V (A) (D)		Date Exercisable		Expiration Date	Amou or Numb n of Title Share		ber						

## **Explanation of Responses:**

- 1. Includes 83,217 restricted stock units ("RSUs"). Each RSU represents a contingent right to receive one share of the Issuer's common stock.
- 2. Represents performance-based restricted stock units previously granted to the Reporting Person, which vested on March 8, 2024.
- 3. Required number of shares sold by the Reporting Person to cover tax withholding obligations in connection with the vesting of restricted stock units. This sale was made to satisfy tax withholding obligations through a "sell to cover" transaction and does not represent a discretionary trade by the Reporting Person.

By: /s/ Ryan Pardo, Attorneyin-Fact

03/12/2024

\*\* 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.