FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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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* Bourdon David						2. Issuer Name and Ticker or Trading Symbol LifeStance Health Group, Inc. [LFST]									ck all app Direc	,	ng Per	rson(s) to Is 10% O Other (wner
(Last)	•	rst) (M HEALTH GROU	Middle) UP. IN	C.		3. Date of Earliest Transaction (Month/Day/Year) 03/08/2024								^	belov			below) Officer	
4800 N. SCOTTSDALE ROAD, SUITE 2300						4. If Amendment, Date of Original Filed (Month/Day/Year)							Line)	-/					
(Street)	SDALE AZ	LE AZ 85251														Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(St	ate) (Z	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													nded to	
						satisfy tl	he affir	rmative	defense	conditi	ons of Rule 10	0b5-1(c)	. See I	nstruction	on 10.		en piai	II that is line	nided to
		Table	I - No	n-Deriva	tive S	Secui	rities	s Acq	uired	, Dis	posed of	, or B	ene	ficiall	y Own	ed			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day					Execution			Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			4 and Securi Benefi Owned		ties cially I Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership
						Code	v	Amount	(A) or (D)		rice	Transa	eported ransaction(s) nstr. 3 and 4)			(Instr. 4)			
Common	024				A		104,022(1	22 ⁽¹⁾ A		\$0.00	368,038			D					
Common Stock 03/08/20						.024					124,644(2) A	. ;	\$0.00	492,682			D	
Common Stock 03/11/20						.024			S ⁽³⁾		58,826	D) :	\$6.93	43	133,856		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)	if any	emed tion Date, n/Day/Year)		Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Exerc tion Da /Day/\		7. Title and Amount of Securities Underlying Derivative Security (Ir 3 and 4)		De Se (Ir	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code		v	(A)	(D)			Expiration Date	Title	Amou or Numb of Share	oer					

Explanation of Responses:

- 1. Includes 104,022 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.