FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* Mullins Kevin Michael					2. Issuer Name and Ticker or Trading Symbol LifeStance Health Group, Inc. [LFST]									ck all app Direc	olicable) tor		erson(s) to I	wner		
(Last)	(Fii ESTANCE	rst) (M HEALTH GRO	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/23/2023									belov	Officer (give title below) Chief Develop		Other (s below) ent Officer			
4800 N. SCOTTSDALE ROAD, SUITE 6000					4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) SCOTTSDALE AZ 85251													, x	X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(St	(State) (Zip)					Rule 10b5-1(c) Transaction Indication													
											saction was r ons of Rule 1					truction or wr	itten p	olan that is int	ended to	
		Table	I - No	n-Deriva	tive S	ecui	rities	Acc	uired,	Dis	posed of	f, or	Ben	eficial	ly Owr	ned				
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)					/Year)	Execuif any	eemed ution Date, th/Day/Year)					es Acquired (A Of (D) (Instr. 3,			5. Amo Securi Benefi Owned Follow	ties cially I	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) (D)	or F	rice		rted saction(s) . 3 and 4)				
Common	Stock			06/23/20	.023				S ⁽¹⁾		65,832	D \$9.0		5 <mark>9.02</mark> (2	5,370,616		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)	ivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		Secu Acqu (A) o Dispo	vative irities ired ir osed) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4		Di Sc (II	Price of erivative ecurity 1str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owr Forr Dire or Ir (I) (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amo or Num of Shar	ber						

Explanation of Responses:

- 1. 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.
- 2. The price reported is a weighted average price. These shares were sold in multiple transactions ranging from \$8.97 to \$9.10 inclusive. The Reporting Person undertakes to provide to the Company, any security holder of the Company or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range.

By: /s/ Ryan Pardo, Attorneyin-Fact 06/27/2023

** Signature of Reporting Person Dat

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

- * 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.